

State of Texas
County Zavala

No. _____
ASSUMED NAME CERTIFICATE (D.B.A)

PURSUANT TO THE PROVISIONS OF CHAPTER 36, TITLE 4, BUSINESS AND COMMERCE CODE OF THE STATE OF TEXAS, THE UNDERSIGNED CERTIFIES THE FOLLOWING:

NAME IN WHICH BUSINESS WILL BE CONDUCTED

BUSINESS ADDRESS CITY STATE ZIPCODE

The business or professional service conducted or rendered under this assumed name is being or will be conducted or rendered as indicated below:

BUSINESS IS A (check one): SOLE PROPRIETORSHIP UNICORPORATED NONPROFIT ASSOCIATION
 GENERAL PARTNERSHIP OTHER _____

TIME PERIOD BUSINESS NAME WILL BE USED (not to exceed 10 years) _____ YEARS.

I/WE, THE UNDERSIGNED, ARE THE OWNER(S) OF THE ABOVE BUSINESS AND MY/OUR NAME(S) AND ADDRESS GIVEN IS/ARE TRUE AND CORRECT, AND THERE IS/ARE NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN LISTED BELOW.

NAME SIGNATURE

RESIDENTIAL ADDRESS CITY STATE ZIP CODE

NAME SIGNATURE

RESIDENTIAL ADDRESS CITY STATE ZIP CODE

NAME SIGNATURE

RESIDENTIAL ADDRESS CITY STATE ZIP CODE

NOTARY USE ONLY

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED:

By: _____

By: _____

By: _____

KNOWN TO ME BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGE TO ME THAT HE/SHE/THEY SIGNED FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

GIVEN UNDER MY HAND AND SEAL OF THE OFFICE, THIS THE _____ DAY OF _____, 20_____.

(SEAL)

Notary Public, State of Texas

Printed Name of Notary