

ASSUMED NAME RECORD (DBA)
CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION

NAME UNDER WHICH BUSINESS IS TO BE CONDUCTED: _____

NATURE OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

TIME PERIOD BUSINESS NAME WILL BE USED (Not to Exceed 10 years) _____ Years.

CERTIFICATE OF OWNERSHIP

I/We the undersigned, are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct and there are no other owners in said business.

PRINT OR TYPE NAME. NOTE: SIGNATURE(S) MUST BE SIGNED IN FRONT OF A NOTARY.

NAME: _____ SIGNATURE: _____
(OWNER) TITLE: _____

NAME: _____ SIGNATURE: _____
TITLE: _____ ADDRESS: _____

NAME: _____ SIGNATURE: _____
TITLE: _____ ADDRESS: _____

NAME: _____ SIGNATURE: _____
TITLE: _____ ADDRESS: _____

THE STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____

Those person(s) whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and acknowledged to me that they are the owner(s) of the above named business and that they signed the same for the purpose and consideration herein expressed.

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

Signature of Notary Public

NO.

Certificate of
ASSUMED NAME

**ASSUMED
NAME OF BUSINESS**

Address

Filed for Record this _____ day of

_____, 20 _____

at _____ o'clock _____ M.

JANA KENNON, CLERK

WILBARGER COUNTY COURT

WILBARGER COUNTY, TEXAS

BY _____ DEPUTY