

GLENDAL ALSTON, HARDIN COUNTY CLERK
P.O. BOX 38, KOUNTZE, TX 77625 PHONE: (409) 246-5185

**ASSUMED NAME RECORD
CERTIFICATE OF OWNERSHIP FOR AN INCORPORATED BUSINESS OR PROFESSION, LIMITED
PARTNERSHIP, REGISTERED LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY**

1. The name of the incorporated business or profession as stated in its articles of incorporation or comparable is:

2. The assumed name under which the business or professional service is to be conducted or rendered is:

3. The State, Country, or other jurisdiction under the laws of which it was incorporated or associated is: _____
_____ and the address of its registered or similar office in that jurisdiction is _____

4. The period, not to exceed 10 years, during which the assumed name will be used is _____
5. The Corporation is one of the following (check one)
 Business Corporation Non-Profit Corporation Professional Corporation
 Professional Association Limited Liability Company
 Limited Partnership Registered Limited Liability Partnership
 Other Type of Incorporated Business, or Professional Association (Specify)

6. If the Corporation is required to maintain a registered office in Texas, the address of the registered office is:

and the name of its registered agent at such address is: _____
7. If the Corporation is not required to or does not maintain a registered office in Texas, the office address is:
_____ and its office address elsewhere is: _____

8. The County or Counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use designation "ALL"):

THE STATE OF TEXAS
COUNTY OF HARDIN

SIGNATURE OF OFFICER, REPRESENTATIVE OR
ATTORNEY-IN-FACT OF THE CORPORATION

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared _____

known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (s)he executed the foregoing instrument for the purpose and consideration therein expressed. GIVEN UNDER MY HAND AND SEAL OF OFFICE, on the _____ day of _____, _____.

SIGNATURE OF NOTARY PUBLIC