



Dana DeBeauvoir *Travis County Clerk*

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Recording, Elections, Computer Resources, Accounting, and Administration Divisions
Misdemeanor Records, Civil/Probate, and Records Management Divisions

5501 Airport Boulevard, Austin, Texas 78751-1410
1000 Guadalupe, Austin, Texas 78701-2328

ASSUMED NAME RECORDS CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

Notice: "Certificates of Ownership" are valid only for a period not to exceed 10 years from the date filed in the County Clerk's Office (Chapter 36, Section 1, Title 4 of the Business and Commerce Code). This Certificate properly executed is to be filed immediately with the County Clerk.

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Period (not to exceed ten years) during which the assumed name will be used is: _____

Business is to be conducted as (check one):

- Sole Proprietorship
 Joint Venture
 Real Estate Investment Trust
 Joint Stock Company
 Limited Partnership
 Sole Practitioner
 General Partnership
 Other (name type) _____

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 is/are no ownership(s) in said business other than those listed herein below. Names of owners

Name _____ *Signature* _____

Residence Address _____ City _____ State _____ Zip _____

Name _____ *Signature* _____

Residence Address _____ City _____ State _____ Zip _____

Name _____ *Signature* _____

Residence Address _____ City _____ State _____ Zip _____

FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. The State of Texas and County of Travis:

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

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they signed the same purpose and consideration therein expressed. Given under my hand and seal of office, on _____

Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy

Seal of the Notary Public or Clerk of the Court, Deputy

**INFORMATION WHERE DOCUMENT SHOULD BE RETURNED
(to be completed by applicant):**

In the spaces below, clearly print the name, address, city, state, and zip code where this document should be returned

Form of identification presented: _____