## ASSUMED NAME CERTIFICATE FOR CERTAIN UNINCORPORATED PERSONS



CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION NOTICE: THIS CERTIFICATE OF OWNERSHIP PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK AS PROVIDED BY LAW.

## LAURA RICHARD

COUNTY CLERK, FORT BEND COUNTY, TEXAS

301 JACKSON, RICHMOND, TEXAS 77469-3108 | (281) 341-8685

ASSUMED NAME under which the business or professional service is or is to be conducted (print clearly): Business and Commerce Code § 71.052 (1)

| ADDRESS OF BUSINESS (print clearly):  |  |   |  |
|---|--|---|--|
| Address:  |  |   |  |
| City:   | State:   | Zip Code:   |  |
| The period, not to exceed (10) years, during which the as I hereby state that this registrant is: (Mark   | ssumed name will be used is a appropriate box.)  | s years. BCC § 71.052 (3)   |  |
| <ul> <li>and each joint venturer's or general partner's of AN ESTATE. Below is the name and addres representative's residence address if the representative individual. BCC § 71.052 (2) (C)</li> <li>A REAL ESTATE INVESTMENT TRUST. Below trustee manager's residence address, if the truis not an individual. BCC § 71.052 (2) (D)</li> <li>COMPANY OTHER THAN A REAL ESTATE country, or other jurisdiction under the laws of the sector of the sector.</li> </ul> | ce address of the venture or pa<br>office address, if the venture o<br>ess (if any) of the estate; th<br>sentative is an individual, or th<br>low is the name and address<br>istee manager is an individual.<br>E INVESTMENT TRUST. Below<br>which this company was orga | .052 (2) (A)<br>partnership; the full name of each joint venture or general part<br>or partner is not an individual. BCC § 71.052 (2) (B)<br>the full name of each representative of the estate; and e<br>the representative's office address, if the representative is no<br>as of the trust; the full name of each trustee manager; and e<br>al, or the trustee manager's office address, if the trustee mana<br>low is the name and office address of the company. The st<br>anized is BCC § 71.052 (2) (E)<br>bility company, limited liability partnership, or foreign filing er | each<br>ot an<br>each<br>ager<br>tate, |
| Is any registrant a military veteran?   | ☐ Yes  | If yes, please provide military identification.   |  |
| Information required as listed above (print clear   | rly): NOTE: SIG  | GNATURE(S) MUST BE <u>signed</u> in front of a notary or deputy cle   | RK                                     |
| Name:   | Signature:   |   |  |
| Address:  |  |   |  |
| Name:   | Signature:   |   |  |
| Address:  |  |   |  |
| Name:   | Signature:   | ·   |  |
| Address:  |  |   |  |
| Name:   | Signature:   |   |  |
| Address:  |  |   |  |
| Name:   | Signature:   | ·   |  |
| Address:  |  |   |  |
|   |  |   |  |

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

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

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

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

Form of identification presented:\_\_\_\_\_