

**ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP
Filed in the Office of
Falls County Clerk**

NAME AND ADDRESS OF BUSINESS AS OPERATED IN FALLS COUNTY:

THE PERIOD, NOT TO EXCEED TEN YEARS, DURING WHICH THE ASSUMED NAME WILL BE USED IS FROM _____ TO _____.

BUSINESS IS TO BE CONDUCTED AS: (CIRCLE ONE)

*PROPRIETORSHIP
REAL ESTATE INVESTMENT TRUST
JOINT-STOCK COMPANY
CORPORATION*

*SOLE PRACTITIONER
JOINT VENTURE
GENERAL PARTNERSHIP
OTHER*

The business, professional service, or corporation is a _____

I/We the undersigned are the owner(s) of the above business and the name and address given is true and correct; there are no ownerships in said business other than those listed below:

NAME: _____ *SIGNATURE:* _____

ADDRESS: _____

NAME: _____ *SIGNATURE:* _____

ADDRESS: _____

I HEREBY CERTIFY THAT _____ PERSONALLY APPEARED AND ACKNOWLEDGED THE ABOVE INFORMATION TO BE TRUE AND CORRECT: SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 2020.

SEAL

NOTARY PUBLIC STATE OF TEXAS