

**ELIZABETH PEREZ, COUNTY CLERK**  
FALLS COUNTY, TEXAS  
P O BOX 458, 125 BRIDGE ST, ROOM 202  
MARLIN, TX. 76661  
PHONE: (254) 883-1408

**Assumed Name (DBA) Certificate**

Name of Business or Professional Service \_\_\_\_\_  
Print or Type

Physical Business Address \_\_\_\_\_  
Print or Type City State Zip

The period during which the assumed name will be used is 10 years. (Pursuant to Title 5, Chapter 71.151(a).

The Business or Professional Service under this Assumed name will be conducted as a (check one)

- Sole Proprietorship       Corporation  
 Joint Venture       Other (name type) \_\_\_\_\_  
 General Partnership

I/We, the undersigned, am/are the owners(s) of the above listed business and my/our names(s) and address(es) given is/are true and correct and there is/are no ownership(s) in said business other than those listed below.

Name: \_\_\_\_\_ Signature \_\_\_\_\_  
Print or Type

Address: \_\_\_\_\_  
Print or Type City State Zip

Name: \_\_\_\_\_ Signature \_\_\_\_\_  
Print or Type

Address: \_\_\_\_\_  
Print or Type City State Zip

THE STATE OF TEXAS

COUNTY OF FALLS

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared \_\_\_\_\_ known to me to be the person(s) whose name subscribed to the foregoing instrument, and acknowledged to me that he/she/they executed the same for the purpose therein expressed.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal)

\_\_\_\_\_  
Signature of Notary Public  
or  
Falls County Clerk, Elizabeth Perez

By: \_\_\_\_\_, Deputy