

**ASSUMED NAME CERTIFICATE**

**For an Unincorporated Business or Profession other than a Limited Partnership,  
Registered Limited Liability Partnership, or Limited Liability Company**

Pursuant to the provisions of Chapter 36, Title 4, Business and Commerce Code of the  
State of Texas, the undersigned certifies the following:

1. The Assumed Name and its business address under which the business is now or is to be conducted is:

**ASSUMED NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

2. The Business or Professional Service is being or will be conducted or rendered as a:

- A. \_\_\_\_\_ Proprietorship    B. \_\_\_\_\_ Sole Practitioner    C. \_\_\_\_\_ Partnership  
D. \_\_\_\_\_ Real Estate Investment Trust            E. \_\_\_\_\_ Joint Stock Company  
F. \_\_\_\_\_ Other form of Unincorporated Business or Professional Association  
Or entity other than Limited Partnership, a Limited Liability Company or  
Registered Limited Liability Partnership (specify): \_\_\_\_\_  
\_\_\_\_\_

3. The period not to exceed ten years, during which the assumed name will be used is from the date filed with the County Clerk.

**NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**RESIDENCE ADDRESS** \_\_\_\_\_

**NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**RESIDENCE ADDRESS** \_\_\_\_\_

**NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**RESIDENCE ADDRESS** \_\_\_\_\_

**NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**RESIDENCE ADDRESS** \_\_\_\_\_

State of Texas§

County of Brazoria§

Before me the undersigned authority, on this day personally appeared \_\_\_\_\_

known to me to be the person(s) whose names is/are subscribed to the foregoing certificate and acknowledged to me that \_\_\_he(y) executed the same for the purpose and consideration therein expressed.

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

\_\_\_\_\_  
Notary Public, State of Texas  
Or  
Joyce Hudman, Brazoria County Clerk

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