



DELIA BRIONES

El Paso County Clerk
500 E. San Antonio Suite 105
El Paso, Texas 79901
(915) 546-2071
Fax (915) 546-2012

ASSUMED NAME CERTIFICATE CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

*Pursuant to Title 5, §71.151(a) of the Texas Business and Commerce Code:
A certificate is effective for a term not to exceed 10 years from the date the certificate is filed.*

BUSINESS WILL BE CONDUCTED AS A

- CHECK ONE Practitioner General Partnership Sole Proprietorship Non-Profit Organization
 Joint Venture Limited Partnership Joint Stock Company Real Estate Investment Trust

- CHECK ONE I AM a veteran I am NOT a veteran

CERTIFICATE OF OWNERSHIP

NAME _____ SIGNATURE _____

RESIDENCE ADDRESS _____ ZIP CODE _____

TYPE OF ID _____ Exp _____ DOB _____ PHONE NUMBER _____
DO NOT USE ID #

NAME _____ SIGNATURE _____

RESIDENCE ADDRESS _____ ZIP CODE _____

TYPE OF ID _____ Exp _____ DOB _____ PHONE NUMBER _____
DO NOT USE ID #

NAME _____ SIGNATURE _____

RESIDENCE ADDRESS _____ ZIP CODE _____

TYPE OF ID _____ Exp _____ DOB _____ PHONE NUMBER _____
DO NOT USE ID #

I/We, the undersigned, is/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 above.

Initials

The State of Texas
County of El Paso

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, under oath, acknowledged to me that they are the owner(s) of the above-named business and that they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20____

PRESENTED VETERAN'S ID:
YES
NO
COUNTY CLERK'S OFFICE USE ONLY

(SEAL)

DELIA BRIONES
County Clerk of El Paso County, Texas

By _____
Deputy

Notary Public