



ASSUMED NAME CERTIFICATE

THE STATE OF TEXAS)
COUNTY OF SAN PATRICIO)(KNOW ALL MEN BY THE PRESENTS:

THAT I/We, the undersigned for the purpose of complying with chapter 36, Title 4, Business & Commerce Code of the State of Texas, do hereby certify to the following facts:

1. _____ is the assumed name under which the business or professional services is or is to be conducted or rendered.

2. _____ is the physical address of said business or professional services.

3. _____ is the mailing address of said business or professional services.

4. Business is to be conducted as:
Sole Proprietorship Partnership Limited Liability Company Corporation Non-Profit Organization
other(name type)

5. _____
Business Description

6. That the true and real full names of persons conducting or transacting such business, and their address (real or PO) are as follows:

Table with 2 columns: NAME & TITLE, ADDRESS & PHONE #. Multiple rows for Name and Title.

IN TESTIMONY WHEREOF, we have hereunto set our hands this, the ___ day of _____, A.D. 20__.*

*This certificate shall be effective for period not to exceed ten (10) years from date said certificate is filed in the office of County Clerk. See Article 5924 (a).

*SIGNATURE(S) _____

THE STATE OF TEXAS }
COUNTY OF _____ } Before, the undersigned, on this day personally appeared

_____ known to me to be the person whose name is subscribed to the foregoing certificate, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand, signed, sealed of office, this ___ day of _____, 20__.

Signature of Notary Public

