STACEY KEMP, COUNTY CLERK

COLLIN COUNTY, TEXAS
2300 BLOOMDALE RD, SUITE 2106
MCKINNEY, TX 75071

ASSUMED NAME CERTIFICATE OF OWNERSHIP
FOR UNINCORPORATED BUSINESS OR PROFESSION

1. _____
Name of Business or Professional Service (Please Print or Type)

2. _____
Business Address **City** **State** **Zip**

3. **The period during which the assumed name will be used is _____ years.** ***Pursuant to Title 4, Chapter 36.11 of the Texas Business and Commerce Code, Certificates of Ownership are valid for a period not to exceed 10 years during which the assumed name will be used.***

4. **The Business or Professional Service under this Assumed Name will be conducted as a:** (Please check one)

____Sole Proprietorship **____Sole Practitioner (Dr/Lawyer/etc)** **___General Partnership**
____Joint Venture **____Joint Stock Company** **____Real Estate Investment Trust**
____Non-Profit **____Limited Partnership** **____Other**

5. **List the name(s) and complete street address of Owner (s) under the above Assumed Name.** (Please Print)

Name **Street** **City** **State** **Zip**

_____

_____

_____

_____

Witness my/our hand(s) this_____day of _____, 20_____.

Signature _____

Signature _____

Signature _____

Signature _____

THE STATE OF TEXAS }

COUNTY OF COLLIN }

BEFORE ME, _____, **(Seal)**
in and for said County and State, 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_____.

_____
Printed Name of Notary or County Clerk

_____
Signature of Notary or Deputy Clerk

COLLIN COUNTY CLERK