



ASSUMED NAME CERTIFICATE

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

STATE OF TEXAS
COUNTY OF VICTORIA

PURSUANT TO THE PROVISIONS OF CHAPTER 71, BUSINESS AND COMMERCE CODE OF THE STATE OF TEXAS, THE UNDERSIGNED CERTIFIES THE FOLLOWING:

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

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

The business or professional service conducted or rendered in Victoria County under this assumed name is being or will be conducted or rendered as indicated below: (**Check one**) *Descriptions are from statutes and/or Texas Secretary of State)*

- Proprietorship / Sole Proprietorship** (A business entity that is owned and run by an individual and in which there is no legal distinction between the owner and the business)
- Sole Practitioner** (An individual professional (*must have the proper business licenses, permits or certificate*) who owns and operates a business entity - no legal distinction between the owner and the business)
- General Partnership** (A business organization in which two or more individuals manage and operate the business, both owners are equally and personally liable for the debts from the business)
- Real Estate Investment Trust** (See Chapter 200, Section 200.001 Texas Business Organizations Code)
- Estate** (estate representative(s))
- Other:** _____

**As per Business and Commerce Code Sec. 71.103 a corporation, limited partnership, limited liability partnership, limited liability company or foreign filing entity must file the certificate with the Secretary of State.*

This certificate shall be effective for a term not to exceed ten years from the date the certificate is filed.

I/We, the undersigned, am/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 herein below:

Name: _____	Signature: _____
Residence Address: _____	
Name: _____	Signature: _____
Residence Address: _____	
Name: _____	Signature: _____
Residence Address: _____	

**Signature must be made before a notary public or a deputy clerk.*

A person conducting business or rendering a professional service in this state under an assumed name who intentionally violates a provision of Chapter 71 of the Business and Commerce Code commits a Class A misdemeanor criminal offense.

ACKNOWLEDGMENT

STATE OF TEXAS
COUNTY OF _____

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 acknowledged to me that he/she/they signed the same purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL of office, on this the _____ day of _____, 20_____.

(Notary Stamp)

NOTARY PUBLIC, in and for the State of Texas

Or

(Clerk's Seal)

**HEIDI EASLEY, CLERK, COUNTY COURT
VICTORIA COUNTY, TEXAS**

BY: _____
Deputy County Clerk, Victoria County, Texas

Form of identification presented: _____

Original Filed and Returned to

