

**ASSUMED NAME RECORD (D.B.A.)  
CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION**

Notice: This certificate of ownership properly executed is to be filed immediately with the County Clerk as provided by Law.



**KELLEY PRICE**

COUNTY CLERK, WOOD COUNTY

P. O. BOX 1796, QUITMAN, TX 75783 (903) 763-2711

\* \* \* \*

**NAME UNDER WHICH BUSINESS IS TO BE CONDUCTED**

\_\_\_\_\_ (Print or type name of business)  
BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(If different than business address)

**TIME PERIOD BUSINESS NAME WILL BE USED (not to exceed 10 years) \_\_\_\_\_ years.**

NOTICE: CERTIFICATES OF OWNERSHIP ARE VALID ONLY FOR A TIME PERIOD NOT TO EXCEED 10 YEARS FROM DATE FILED WITH THE COUNTY CLERK (BUSINESS AND COMMERCE CODE SECTION 71.151)

**CERTIFICATE OF OWNERSHIP**

I/We the undersigned, are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct and there are no other owners in said business.

**PRINT OR TYPE NAME. NOTE: SIGNATURE(S) MUST BE SIGNED IN FRONT OF A NOTARY.**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Print Owner or Corporation Name)

\_\_\_\_\_  
(If Corporation, print your Name and Title)

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Print Second Owner's Name)

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Print Third Owner's Name)

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Print Fourth Owner's Name)

ADDRESS: \_\_\_\_\_

THE STATE OF TEXAS }  
COUNTY OF WOOD }

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

\_\_\_\_\_ those person(s) whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and 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 herein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of notary public/deputy county clerk