

Received By \_\_\_\_\_

**PHYLLIS F. LOVELL**  
COUNTY CLERK, CONCHO COUNTY  
152 NORTH ROBERTS, P. O. BOX 98  
PAINT ROCK, TEXAS 76866  
325-732-4322

No. \_\_\_\_\_

**FEE: \$26.00**

**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.

**BUSINESS NAME:**

(Print or type name of business)

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

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 (CHPT 36, SEC. 1, TITLE 4 - BUSINESS AND COMMERCE CODE)

**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: \_\_\_\_\_  
(Print or type name of business)

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
(If Corporation, print or type Name and Title)

Additional owners name(s) and address(es).

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

THE STATE OF TEXAS }

COUNTY OF CONCHO }

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 express.

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

(SEAL)

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