This form is drafted to meet minimal statutory filing requirements pursuant to pursuant to *Title 5, §71.052-71.053 of the Texas Business and Commerce Code*. **This form and the information provided are not substitutes for the advice and services of an attorney and tax specialist.**

_____
Assumed Name (*Name Under Which the Business or Professional Service Is to Be Conducted or Rendered*)

☐ **Business Address:** (*Check here or below for Return Address*)   City   State   Zip

☐ **Postal Address** (*If Different from Above*):   City   State   Zip

The Assumed Name will be used for the maximum 10 years unless otherwise indicated: _____

The Business or Professional Service Is Being or Will Be Conducted or Rendered As:

____ Sole Proprietorship   ____ Sole Practitioner   ____ General Partnership

____ Real Estate Investment Trust   ____ Joint-stock Company   ____ Estate

____ Other Form of Unincorporated Business or Professional Association or Entity Other Than a Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP), or Foreign Filing Entity. Name Type: _____

**If "Other" is selected, provide the state, country, or other jurisdiction under the laws of which the company was organized: _____

Execution of Certificate

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the document has been executed and acknowledged by **each** individual whose name is required to be stated in the certificate or the individual's representative or attorney-in-fact, and that there is no ownership other than those listed herein below. If the undersigned is acting as an attorney-in-fact, then the undersigned certifies that they have been authorized, in writing, by their principal to execute and acknowledge the certificate.

_____   _____
Full Name (*Please Print*)   Signature

_____   _____
Residence Address (*Office Address if Not an Individual*)   City   State   Zip

_____   _____
Full Name (*Please Print*)   Signature

_____   _____
Residence Address (*Office Address if Not an Individual*)   City   State   Zip

_____   _____
Full Name (*Please Print*)   Signature

_____   _____
Residence Address (*Office Address if Not an Individual*)   City   State   Zip

For Use by Notary Public
STATE OF TEXAS   §
COUNTY OF _____   §

Before me, the undersigned authority, on this day personally appeared _____

_____, known to me or proved to me to be the person(s) whose name is subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

_____
(SEAL)   ***Notary Public, State of Texas***