



# ASSUMED NAME RECORD (DBA)

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

**RUTH SISSON**

COUNTY CLERK, LAMAR COUNTY, TEXAS

119 NORTH MAIN STREET, PARIS, TEXAS 75460 | (903) 737-2420

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## 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

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

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.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(PRINT OWNER OR CORPORATION NAME) (IF CORPORATION, PRINT YOUR NAME AND TITLE)

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

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(PRINT OWNER OR CORPORATION NAME) (IF CORPORATION, PRINT YOUR NAME AND TITLE)

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

THE STATE OF TEXAS }  
COUNTY OF LAMAR }

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 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 \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC / DEPUTY COUNTY CLERK