



DWIGHT D. SULLIVAN, COUNTY CLERK
GALVESTON COUNTY, TEXAS

ASSUMED NAME RECORD CERTIFICATE
OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

NOTICE: A CERTIFICATES OF OWNERSHIP ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE
(CHAPTER 36, SEC.1, TITLE 4 - BUSINESS AND COMMERCE CODE) THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED (PRINT OR TYPE)

ADDRESS: CITY: STATE: ZIP CODE:

1. Period (NOT TO EXCEED 10 YEARS) during which the assumed name will be used is:

2. Business is to be conducted as (check one):

- Proprietorship Sole Practitioner Joint Venture Joint Stock Company
General Partnership Real Estate Investment Trust Other

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 IS NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN THOSE LISTED HEREIN BELOW.

NAMES OF OWNERS

NAME: SIGNATURE:
(PRINT OR TYPE)

Address: City: State: Zip Code:

NAME: SIGNATURE:
(PRINT OR TYPE)

Address: City: State: Zip Code:

NAME: SIGNATURE:
(PRINT OR TYPE)

Address: City: State: Zip Code:

NAME: SIGNATURE:
(PRINT OR TYPE)

Address: City: State: Zip Code:

The State of Texas, County of Galveston

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

Known to me to be the person whose name is subscribed to the foregoing instrument and, under oath, acknowledged to me that he/she
signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS DAY OF, 20

DWIGHT D. SULLIVAN, COUNTY CLERK
GALVESTON COUNTY, TEXAS

By: Deputy

Notary Public