

ASSUMED NAME CERTIFICATES

WE STRONGLY URGE YOU TO HAVE YOUR FINANCIAL INSTITUTION REVIEW THE CERTIFICATE BEFORE FILING BECAUSE **ONCE IT IS FILED, IT CAN NOT BE REMOVED OR REPLACED.**

1. IT IS YOUR RESPONSIBILITY TO SEARCH THE OFFICIAL PUBLIC RECORDS TO SEE IF THE BUSINESS NAME YOU ARE FILING IS ALREADY IN USE. YOU CAN ACCESS THE RECORDS ONLINE AT <https://cc.co.cass.tx.us/> OR YOU CAN USE THE PUBLIC TERMINALS IN THE CLERK'S OFFICE TO SEARCH FOR THE BUSINESS NAME

2. *THE COUNTY CLERK'S OFFICE CAN NOT AND WILL NOT INSTRUCT YOU ON HOW TO COMPLETE THIS ASSUMED NAME CERTIFICATE.*

YOU WILL NEED TO CONSULT AN ATTORNEY OR YOUR FINANCIAL INSTITUTION FOR ADVICE/INSTRUCTIONS ON HOW TO COMPLETE THIS FORM.

3 THE CERTIFICATE WILL NEED TO BE NOTARIZED PRIOR TO FILING. THE COUNTY CLERK'S OFFICE **DOES NOT** NOTARIZE DOCUMENTS. THE FEE TO FILE AN ASSUMED NAME IS \$24 PLUS \$.50 PER NAME. ONCE THE CERTIFICATE IS FILED IT WILL BE RETURNED TO YOU BY MAIL IN APPROXIMATELY ONE WEEK, THEREFORE, IF YOU NEED A COPY AT THE TIME OF FILING, AN ADDITIONAL FEE OF \$1 PER PAGE WILL BE ASSESSED. YOU ARE WELCOME TO BRING A COPY WITH YOU AND WE WILL FILE MARK YOUR COPY AT NO CHARGE.

**ASSUMED NAME CERTIFICATE
FOR AN UNINCORPORATED BUSINESS OR PROFESSION**

NOTICE: "CERTIFICATES" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE.
(Chapter 36, Title 4 Business and Commerce Code)

This certificate properly executed is to be filed immediately with the County Clerk

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Period (not to exceed ten years) during which the assumed name will be used is: _____

Business is to be conducted as (Check one):

- Sole Proprietorship
 Sole Practitioner
 Joint Venture
 General Partnership
 Limited Partnership
 Real Estate Investment Trust
 Joint Stock Company
 Other (name type): _____

CERTIFICATE OF OWNERSHIP

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

- NAMES OF OWNERS -

NAME _____ <small>(Print or Type)</small> Address _____	SIGNATURE _____ Zip Code _____
NAME _____ <small>(Print or Type)</small> Address _____	SIGNATURE _____ Zip Code _____
NAME _____ <small>(Print or Type)</small> Address _____	SIGNATURE _____ Zip Code _____
NAME _____ <small>(Print or Type)</small> Address _____	SIGNATURE _____ Zip Code _____
NAME _____ <small>(Print or Type)</small> Address _____	SIGNATURE _____ Zip Code _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared _____
 Known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and under oath, 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 therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____

(SEAL)

Notary Public in and for _____ County