

ASSUMED NAME CERTIFICATES

THE COUNTY CLERK'S OFFICE CAN 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. YOU WILL NEED 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. 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. **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.**

**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