

**HEATHER H. HAWTHORNE  
COUNTY CLERK, CHAMBERS COUNTY, TEXAS**

P.O. Box 728  
Anahuac, Texas 77514  
(409) 267-2418

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

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

\_\_\_\_\_  
(PRINT OR TYPE)  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. The name of the incorporated business or profession as stated in its Articles of Incorporation or comparable document is:

\_\_\_\_\_ and the charter number or certificate of authority number, if any, is: \_\_\_\_\_.

2. The state, country, or other jurisdiction under the laws of which is was incorporated is: \_\_\_\_\_, and the address of its registered or similar office in that jurisdiction is: \_\_\_\_\_.

3. The period, not to exceed ten years, during which this assumed name will be used is: \_\_\_\_\_.

4. The corporation is a: business corporation, nonprofit corporation, professional corporation, professional association or other type of corporation (specify): \_\_\_\_\_, or other type of incorporated business, professional or other association or legal entity (specify): \_\_\_\_\_.

5. If the corporation is required to maintain a registered office in Texas, the address of the registered office is: \_\_\_\_\_ and the name of its registered agent as such address is: \_\_\_\_\_.  
The address of the principal office (if not the same as the registered office) is: \_\_\_\_\_.

6. If the corporation is not required to or does not maintain a registered office in Texas, the office address in Texas is: \_\_\_\_\_; and if the corporation is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is: \_\_\_\_\_, and the office address elsewhere is: \_\_\_\_\_.

7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "all" or "all except"): \_\_\_\_\_.

8. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly authorized, in writing, by his principal to execute and acknowledge this instrument.

\_\_\_\_\_  
NAME OF CORPORATION  
BY \_\_\_\_\_  
Signature of Officer, representative or attorney-in-fact of the corporation

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

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 acknowledged to me that \_\_\_he\_\_\_ is/are the owner(s) of the above named business and that \_\_\_he\_\_\_ signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_ day of \_\_\_\_\_ 20\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed or stamped name of Notary Public