FILE NO. _____

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

** NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED **

**BUSINESS NAME (PRINT):** _____

**BUSINESS ADDRESS:** _____

**CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

1. Name of the incorporated business or profession as stated in the articles of incorporation or comparable document: _____
2. State, county, or other jurisdiction under the laws of which it was incorporated: _____ and address of its registered or similar office in that jurisdiction: _____
3. Period (not to exceed 10 years) during which assumed name will be used: _____
4. The corporation is a: (check one)

   _____ Business Corporation
   _____ Professional Corporation
   _____ Other Type or Corporation: _____

   _____ Non-Profit Corporation
   _____ Professional Association
   _____ Other type or incorporated business, Professional or other association or Legal entity: _____

5. If corporation is required to maintain a registered office in Texas, the address is: _____

   And the name of its registered agent at such address is: _____
   Address of the principal office (if not the same as the registered office) is: _____
6. If corporation is not required to or does not maintain a registered office in Texas, the office address in Texas is: _____
   If Corporation is not incorporated, organized or associated under the laws of Texas, the business address in Texas is: _____
   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" _____ _____").

_____
Signature of Officer, Representative or Attorney-in-fact of the corporation

**THE STATE OF TEXAS §**

**COUNTY OF AUSTIN §**

**BEFORE ME, THE UNDERSIGNED AUTHORITY,** on this day personally appeared _____ known to me to be the person whose name is subscribed to this instrument and acknowledged to me that (s) he executed the foregoing certificate for the purpose and consideration expressed.

**GIVEN UNDER MY HAND AND SEAL OF OFFICE,** on _____, 200___.

_____
**NOTARY PUBLIC**