DANA DeBEAUVOIR
Travis County Clerk
(512) 854-9188
P. O. Box 149325, Austin, Texas 78714-9325
5501 Airport Blvd, Austin, Texas 78751
www.co.travis.tx.us

Assumed Name Records Certificate of Ownership For Unincorporated Business or Profession

Notice: "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, Section 1, Title 4 of the Business and Commerce Code). This Certificate properly executed is to be filed immediately with the County Clerk.

Business Name

Business Address

City **State** **ZIP Code**

This Assumed Name will be used for 10 years unless indicated here: _____

Business is to be conducted as (check one):

☐ Proprietorship ☐ Joint Venture ☐ Real Estate Investment Trust ☐ Joint Stock Company

☐ Limited Partnership ☐ Sole Practitioner ☐ General Partnership ☐ Other (name type) _____

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/are no ownership(s) in said business other than those listed herein below. Names of owners:

Name _____ Signature _____

Residence Address _____ City _____ State _____ ZIP _____

Name _____ Signature _____

Residence Address _____ City _____ State _____ ZIP _____

Name _____ Signature _____

Residence Address _____ City _____ State _____ ZIP _____

FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. *The State of Texas and County of Travis:*

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/she/they signed the same purpose and consideration therein expressed. Given under my hand and seal of office, on _____, *20* _____.

Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy

Seal of the Notary Public or Clerk of the Court, Deputy

_____

INFORMATION WHERE DOCUMENT SHOULD BE RETURNED
(to be completed by applicant):
In the spaces below, clearly print the name, address, city, state, and ZIP code where this document should be returned:

_____

_____

_____

Form of identification presented: _____

Dana DeBeauvoir
County Clerk, Travis County
P.O. Box 149325
Austin, Texas 78714-9325
(512) 854-9188

Certificate of Abandonment of Use of Assumed Business or Professional Name

Name of Business Being Abandoned

Business Address

City **State** **ZIP Code**

Date that original Assumed Name was filed with the Travis County Clerk: _____

Other offices where this Assumed Name was also filed: _____

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/are no ownership(s) in said business other than those listed herein below. Names of owners:

Name _____ Signature _____

Residence Address _____ City _____ State ____ ZIP _____

Name _____ Signature _____

Residence Address _____ City _____ State ____ ZIP _____

Name _____ Signature _____

Residence Address _____ City _____ State ____ ZIP _____

FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. The State of Texas and County of Travis:

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/she/they are the owner(s) of the above-named business, and that he/she/they signed the same for purpose and consideration therein expressed. Given under my hand and seal of office, on* _____, *20* _____.

Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy

_____

Seal of Notary Public or Clerk of the Court, Deputy

INFORMATION WHERE DOCUMENT SHOULD BE RETURNED
(to be completed by applicant):
In the spaces below, clearly print the name, address, city, state, and ZIP code where this document should be returned:

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Form of identification presented: _____