NO	_	
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ASSUMED NAME CERTIFICATE (D.B.A.) KNOX COUNTY

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSIONALS

NOTICE: "CERTIFICATES OF OWNERSHIP" ARE VALID ONLY FOR A PERIOD

NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERKS OFFICE. (Chapter 36, Sec. 1, Title 4 – Business and Commerce Code)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED:				
TYPE OF BUSINESS:				
PHYSICAL ADDRESS OF BUSINESS:				
CITY:STATE:		ZIP CODE:		
PERIOD (NOT TO EXCEDD 10 YEARS) DURING WHICH ASSU	MED NAME WILL BE USED:			
BUSINESS IS TO BE CONDUCTED AS (CHECK ONE):	() Individual	() General Partnership		
* :	() Limited Partnership	() Other		
PRINT OR TYPE NAME. NOTE: SIGNATURE MUST	BE SIGNED IN FRONT OF NOTAI	RY		
CERTI	FICATE OF OWNERSHIP			
I/WE, the undersigned, are the owner(s) of the above And there is/are no ownership(e business and my/our name(s) and add s) in said business other than these liste			
PRINTED NAME	SIGNATURE			
ADDRESS	ZIP CC	DDE		
PRINTED NAME	SIGNATURE			
ADDRESS	RESSZIP CODE			
PRINTED NAME	SIGNATURE			
ADDRESS	zip cc	DDE		
THE STATE OF TEVAS!		 		
THE STATE OF TEXAS} COUNTY OF}				
Before me, the undersigned authority, on this day appeared Those person (s) are listed above known to me to be the per are the owner (s)/partners of the above named business and	son (s) subscribed to the foregoing inst	rument and acknowledge to me that they and consideration herein expressed.		
GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS	DAY OF	20		