THE STATE OF TEXAS, COUNTY OF BOSQUE
ASSUMED NAME CERTIFICATE

BUSINESS NAME (DBA)_____

DESCRIPTION OF BUSINESS_____

TYPE OF BUSINESS: SOLE PROPRIERTORSHIP PARTNERSHIP INCORPORATED
(circle one)
ASSOCIATION COMPANY

BUSINESS ADDRESS_____

MAILING ADDRESS_____

CITY/STATE/ZIP_____ PHONE_____

REGISTRANT_____

TITLE_____

REGISTRANT_____

TITLE_____

REGISTRANT_____

TITLE_____

This certificate is in effect for a 10 year period, beginning on_____

SIGNATURES:

_____ _____

_____ _____

SWORN TO AND SUBSCRIBED BEFORE ME this_____day of_____, 20____.

_____
Notary Public of Texas

BOSQUE COUNTY CLERK
P O BOX 617
MERIDIAN, TX 76665