



Summer Lovelace Yoakum County Clerk

Phone: (806) 456-7491 ext. 294 Fax (806) 456-2258
Mailing Address: P.O. Box 309, Plains, Texas 79355
countyclerk@yoakumcounty.org

ASSUMED NAME CERTIFICATE FOR CERTAIN UNINCORPORATED PERSONS

ASSUMED NAME under which the business or professional service is or is to be conducted (print clearly):

PHYSICAL ADDRESS OF BUSINESS (print clearly):

Address _____

City _____ State _____ Zip Code _____

I hereby state that this registrant is:

- AN INDIVIDUAL.** Below is my full name and residence address.
- A PARTNERSHIP.** Below is the name and office address of the venture or partnership; the full name of each joint venture or general partner; and each joint venturer's or general partner's office address, if the venture or partner is not an individual.
- AN ESTATE.** Below is the name and address (if any) of the estate; the full name of each representative of the estate; and each representative's residence address if the representative is an individual, or the representative's office address, if the representative is not an individual.
- A REAL ESTATE INVESTMENT TRUST.** Below is the name and address of the trust; the full name of each trustee manager; and each trustee manager's residence address, if the trustee manager is an individual, or the trustee manager's office address, if the trustee manager is not an individual.
- COMPANY OTHER THAN A REAL ESTATE INVESTMENT TRUST.** Below is the name and office address of the company. The state, country, or other jurisdiction under the laws of which this company was organized is _____

And further state that this registrant is **not** a limited partnership, limited liability company, limited liability partnership, or foreign filing entity.

Information required as listed above (print clearly):

Name _____ *Signature* _____

Address _____

Name _____ *Signature* _____

Address _____

Name _____ *Signature* _____

Address _____

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

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 _____

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: _____