ELIZABETH MCGILL, COUNTY CLERK TOM GREEN COUNTY, TEXAS

ASSUMED NAME RECORDS CERTIFICATE OF OWNERSHIP FOR <u>INCORPORATED</u> 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, Sec. 1, Title 4 - Business and Commerce Code)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

(Print or Type Name of Business)	
BUSINESS ADDRESS:	
CITYSTATE	ZIP
1. The name of the incorporated business or profes is:	sion as stated in its Articles of Incorporation of comparable document
and the charter number of certificate of authority nu	mber, if any, is
of its registered or similar office in that jurisdiction	
to, 2	h this assumed name will be used is, 2, 2, 2, non-profit corporation,professional
5. If the corporation is required to maintain a regis is: and the second	ered office in Texas, the address of the registered office the name of the registered agent is:
 6. If the corporation is not required to or does not n is: and the office a 	naintain a registered office in Texas, the office address in Texas ddress elsewhere is:
7. The county or counties where business or profest assumed name are (if applicable, use the designatio	sional services are being or are to be conducted or rendered under such n "all" or "all except). fact, the attorney-in-fact hereby states that he has been duly authorized, in
-	INCORPORATED BUSINESS NAME
BY _	SIGNATURE OF OFFICER

STATE OF TEXAS COUNTY OF TOM GREEN TYPED OR PRINTED NAME OF OFFICER

Before me, the undersigned authority, on this day personally appeared

known to me to be the person__whose name__is/are subscribed to the foregoing instrument of writing and acknowledge to me that __he__ executed the same for the purpose and considerations therein expressed.

GIVEN UNDER MY HAND AND SEAL this the ____day of _____, _____.

NOTARY PUBLIC STATE OF TEXAS