

## ASSUMED NAME CERTIFICATE

THE STATE OF TEXAS COUNTY OF SAN PATRICIO	)( )( KNOW A	ALL MEN BY THE PRESENTS:
THATI/We, the undersigned for the purcertify to the following facts:	rpose of complying	with chapter 36, Title 4, Business & Commerce Code of the State of Texas, do hereby
1. services is or is to be conducted or rendered.	_	is the assumed name under which the business or professional
2is the physical address of said business or pro	ofessional services.	
3 is the mailing address of said business or pro	fessional services.	
4. Registrant: Sole Proprietorship Partnership	Other(name ty	pe)
5. Type of Business		
	ability partnership	p, Limited Liability Co or Foreign Filing entity to be filed with Secretary of State)
6. That the true and real full names of persons	conducting or trans	sacting such business, and their address (real or PO) are as follows:
NAME & TITLE		ADDRESS & PHONE #
NameTitle		
Name		
NameTitle		
AND MAY RESULT IN IMPRISONMENT OF	NOT MORE THA	IDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW IN 5 YEARS AND/OR FINE UP TO \$10,000 (TX. Business & Commerce Code 71.203; wledge understanding of and compliance with the statues cited.
IN TESTIMONY WHEREOF, we have hereun	to set our hands th	is, theday of, A.D. 20*
*This certificate shall be effective for period not to	exceed ten (10) year	s from date said certificate is filed in the office of County Clerk. See Article 5924 (a).
*SIGNATURE(S)		
THE STATE OF TEXAS } COUNTY OF }	Before, th	ne undersigned, on this day personally appeared
known to me to executed the same for the purpose and consider		whose name is subscribed to the foregoing certificate, and acknowledged to me that he/she essed.
Given under my hand, signed, sealed of office,	, this day of	, 20
		Signature of Notary Public