

OFFICE OF TENESHIA HUDSPETH

COUNTY CLERK, HARRIS COUNTY, TEXAS

ASSUMED NAME RECORDS CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

| 1)NAME OF BUSINESS:Please type or print clearly) | | |
|--|---|--|
| | | |
| 3)CITY: | (4) STATE: | (5) ZIP CODE: |
| 6)Number of years business will b | e active, not to exceed 10 years: | |
| 7) Please select your type of Busir | ness: | |
| Sole Proprietorship | General Partnership | Joint Venture |
| Sole Practitioner | Real Estate Investment Trust | Joint Stock Company |
| 8)NAME OF OWNER (1): | (middle) | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| (first) 9)ADDRESS OF RESIDENCE: | (midale) | (last) |
| 10)CITY: | (11)STATE: | (12)ZIP CODE: |
| 13)SIGNATURE OF OWNER | | (14)Veteran Status |
| 15)NAME OF OWNER (2): | (middle) | (last) |
| L6)ADDRESS OF RESIDENCE: | | |
| 17)CITY: | (18)STATE: | (19)ZIP CODE: |
| 20)SIGNATURE OF OWNER | | |
| TATE OF TEXAS } OUNTY OF HARRIS } | | |
| 21)BEFORE ME, THE UNDERSIGNED A | AUTHORITY, on this day personally appeare | ed |
| nown (or proven) to me to be the pe xecuted the same for the purpose ar | | ve statement and acknowledged to me that the |
| IVEN UNDER MY HAND AND SEAL OI | F OFFICE, THIS DAY OF | ·· |
| Notary Seal | Signature of Notary or Dep | uty County Clerk |

GUIDE FOR COMPLETING THE ASSUMED NAME (D/B/A/) APPLICATION Type or print all entries on your application clearly

- (1) The name of your business
- (2) Street number and street name of your business location
- (3) City where business is located
- (4) State where your business is located
- (5) 5-digit address mailing code of your business
- (6) How many years will your business name stay active, cannot exceed 10 years
- (7) Select your type of business/service
- (8) Name of the business owner
- (9) Street number and name of your residence location, no P.O. Box
- (10) City where your residence is located
- (11) State where your residence is located
- (12) 5-digit address mailing code of your residence
- (13) Business owner signs his/her name
- (14) Provide proof of Veteran status (copy of ID or VA card)
- (15) (51) If there are additional owners to be listed, enter their information
- (21) If you are getting your application notarized, the Notary will sign here or If your application will not be notarized, then leave blank **ALL MAILED IN APPLICATIONS MUST BE NOTARIZED.**

FEE OPTIONS

A notarized D/B/A application is \$24.00 dollars; add \$0.50 cent for each additional business owner. or

If you are a Veteran with a notarized application your fee is \$22.00 dollars.

There isn't a charge for additional business owners.

D/B/A COPY REQUEST

If you require a copy of your D/B/A Certificate, send a letter stating your business name and owner name(s) with a copy of your I.D. along with a money order or cashier's check for \$5.00 dollars. Include where to return the Certificate.

MAILING ADRRESS PRIORITY MAIL ADDRESS

Harris County Clerk's Office
P.O. Box 1525
Houston, TX 77251
Harris County Clerk's Office
201 Caroline St., Ste. 330
Houston, TX 77002

Form No. D-02-07 (Rev. 01/02/2024)

I/We, the undersigned, am/are the owner(s) of the above business and my/or name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed below.

* Names of Owners *

| (23)NAME OF OWNER (3): | | | |
|---------------------------|------------|---------------|--|
| (first) | (middle) | (last) | |
| (24)ADDRESS OF RESIDENCE: | | | |
| (25)CITY: | (26)STATE: | (27)ZIP CODE: | |
| (28)SIGNATURE OF OWNER | | | |
| (28)NAME OF OWNER (4): | | | |
| (first) | (middle) | (last) | |
| (29)ADDRESS OF RESIDENCE: | | | |
| (30)CITY: | (31)STATE: | (32)ZIP CODE: | |
| (33)SIGNATURE OF OWNER | | | |
| (34)NAME OF OWNER (5): | | | |
| (first) | (middle) | (last) | |
| (35)ADDRESS OF RESIDENCE: | | | |
| (36)CITY: | (37)STATE: | (38)ZIP CODE: | |
| (39)SIGNATURE OF OWNER | | | |
| (40)NAME OF OWNER (6): | | | |
| (first) | (middle) | (last) | |
| (41)ADDRESS OF RESIDENCE: | | | |
| (42)CITY: | (43)STATE: | (44)ZIP CODE: | |
| (45)SIGNATURE OF OWNER | | | |
| (46)NAME OF OWNER (7): | | | |
| (first) | (middle) | (last) | |
| (47)ADDRESS OF RESIDENCE: | | | |
| (48)CITY: | (49)STATE: | (50)ZIP CODE: | |
| (51)SIGNATURE OF OWNER | | | |
| | | | |
| (52)NAME OF OWNER (8): | (middle) | (last) | |
| (53)ADDRESS OF RESIDENCE: | | | |
| (54)CITY: | (55)STATE: | (56)ZIP CODE: | |
| (57)SIGNATURE OF OWNER | | | |
| | | | |