DARLA SHEPPARD
DAWSON COUNTY CLERK
P.O. BOX 1268
LAMESA, TX 79331

ASSUMED NAME CERTIFICATE

ASSUMED NAME

1. The assumed name under which the business or professional service is, or is to be, conducted of rendered is:

_____

ENTITY INFORMATION

2. The legal name of the entity filing the assumed name is:

_____

State the name of the entity as currently shown in the records of the secretary of the state or on its organizational documents, if not filed with the secretary of state.

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)
   □For -profit Corporation □Nonprofit Corporation □Professional Corporation □Professional Association
   □Limited Liability Company □Limited Partnership □Limited Liability Partnership □Cooperative Association
   □Other _____
   Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.
4. The file number, if any, issued to the entity by the secretary of state is: _____
5. The state, country, or other jurisdiction of information of the entity is: _____
6. The entity's principal office address is:

_____

Street of Mailing Address City State Country Postal or Zip Code

Period of Duration

□7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

□7b. The period during which the assumed name will be used is _____ years from the date of filing with the secretary of state (not to exceed 10 years).

□7C. The assumed name will be used until _____ (not to exceed 10 years).
mm/dd/yyyyy

County or Countries in which Assumed Name Used

8. The country of countries where business or professional services are being or are to conducted or rendered under assumed name are:
   □All Countries
   □All Countries with the exception of the following countries: _____
   □Only the following countries: _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that entity had duly authorized the undersigned I writing to execute this document.

_____

Date: _____

_____
Signature of a person authorized by law to sign on behalf of the identified entity (see instructions

State of Texas
County of Dawson

This instrument was acknowledged before me, on this the _____

day of _____, 20_____, by_____.

_____
Notary Public, State of Texas