



COMAL COUNTY CLERK
BOBBIE KOEPP

For an Incorporated Business or Profession, Limited Partnership,
Registered Limited Liability Partnership or Limited Liability Company
SECRETARY OF STATE CERTIFICATE OF FILING REQUIRED

Pursuant to the provision of The State of Texas Business and Commerce Code §71.101, the undersigned certifies the following:

- 1. The name of the Corporation, Limited Partnership, Registered Limited Liability Partnership, or Limited Liability Company as stated in the Articles of Incorporation, Articles of Organization, Certificate of Limited Partnership, application or comparable document is:
2. The Assumed Name under which the business or professional services is or is to be conducted or rendered is:
3. The State, County, or other jurisdiction under the laws of which it was incorporated, organized, or associated is:
and the address of its registered or similar office in that jurisdiction is:
Address: Phone:
City: State: Zip:
4. The Period not to exceed ten (10) years, during which the assumed name will be used, is from the date filed with the County Clerk.
5. The entity is (please check one)
Business Corporation Non-Profit Corporation Professional Corporation
Professional Association Limited Partnership Limited Liability Company
Registered Liability Partnership or some other type of incorporated business, Professional or other Association (specify)
6. If the entity is required to maintain a registered office in Texas, the address of the registered office is:
Address: Phone:
City: State: Zip:
and the Name of the Registered Agent as such address is:
7. The Address of the Principal office (if not the same as the registered office):
Address: Phone:
City: State: Zip:
8. If the entity is not required or does not maintain a registered office in Texas, the office address is:
Address: Phone:
City: State: Zip:
And if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas:
Address: Phone:
City: State: Zip:
And the office address is elsewhere is:
Address: Phone:
City: State: Zip:
9. The County or Counties where business or professional services are being or are to be conducted or rendered under such Assumed Name are (if applicable, use the designation "all" or "all except"):

If the person is not an individual, the certificate must be signed by an officer, general partner, member, manager, representative, or attorney in fact of that person, and be notarized. A certificate that is signed and acknowledged by an attorney in fact also must include a statement that the attorney in fact has been duly authorized in writing by the principal to sign and acknowledge the assumed name certificate to be filed.

THE STATE OF § Signature of Officer, General Partner, Manager, Member,
COUNTY OF § Representative, or Attorney-in-Fact of the Entity

This instrument was acknowledged before me on this day of , 20

by of
(Name of Officer) (Title of Officer) (Name of Corporation)
a corporation on behalf of said corporation.
(State of Incorporation)

THIS AREA FOR RECORDING PURPOSES ONLY

Given under my hand and seal of office this day of , 20.

Signature of Notary Public

OR

COMAL COUNTY CLERK, BOBBIE KOEPP

BY: DEPUTY TO THE COUNTY CLERK