☐ **ABANDONMENT**
Original Date: _____
Doc. No.: _____

☐ **NEW** ☐ **RENEWAL**

COMAL COUNTY CLERK
BOBBIE KOEPP
150 N. SEGUIN, STE. 101
NEW BRAUNFELS, TEXAS 78130
PHONE: (830) 221-1230 FAX: (830) 221-3410

INCORPORATED BUSINESS
ASSUMED NAME (DBA) CERTIFICATE
SECRETARY OF STATE[1] CERTIFICATE OF FILING REQUIRED

NOTICE: "Assumed Name/DBA's" are valid for a period not to exceed **10 years** from the date filed in the County Clerk's Office.
THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN AN "ASSUMED NAME/DBA" CERTIFICATE. THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED WITH THE COUNTY CLERK.
SECRETARY OF STATE CERTIFICATE OF FILING[2] SHALL BE ATTACHED

Assumed Name: _____

Physical Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business/Owner(s) Phone Number: _____

Nature Of Business: _____

Business Is To Be Conducted As: _____

CERTIFICATE OF OWNERSHIP

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

NAME OF OWNER(S)

Name of Incorporated Business: _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Registered Agent: _____ **Signature:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

THE STATE OF TEXAS §
§
COUNTY OF _____ §

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

by _____ as Registered Agent of _____

_____
SIGNATURE OF NOTARY PUBLIC
(Do not cover signature with seal)

COMAL COUNTY CLERK, BOBBIE KOEPP

_____
BY: DEPUTY COUNTY CLERK

THIS AREA FOR RECORDING PURPOSES ONLY

1 http://www.sos.state.tx.us
2 http://www.sos.state.tx.us/corp/forms_boc.shtml