



COMAL COUNTY CLERK

BOBBIE KOEPP

150 N. SEGUIN, STE. 1037
NEW BRAUNFELS, TEXAS 78130
PHONE: (830) 221-1230 FAX: (830) 620-3410

Table with 2 columns: Fee Description, Amount. Rows include Notary Acknowledgement (\$23.00), County Clerk Acknowledge (\$28.00), and Owner Name Add (\$0.50).

ABANDONMENT

Original Date: \_\_\_\_\_

Doc. No.: \_\_\_\_\_

NEW RENEWAL

ASSUMED NAME (DBA) CERTIFICATE FOR UNINCORPORATED BUSINESS

NOTICE: "Assumed Names/DBA" are valid only 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 A "ASSUMED NAME/DBA" CERTIFICATE. THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED WITH THE COUNTY CLERK.

BUSINESS NAME: \_\_\_\_\_

PHYSICAL BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS/OWNER'S PHONE NUMBER: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

BUSINESS IS TO BE CONDUCTED AS (CHECK ONLY ONE):

SOLE PROPRIETORSHIP GENERAL PARTNERSHIP OTHER: \_\_\_\_\_

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.

NAMES OF OWNER(S)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

THE STATE OF TEXAS §

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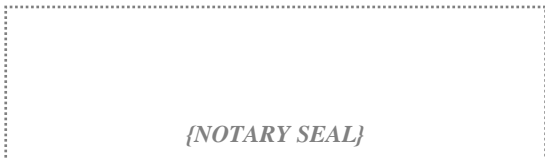
COUNTY OF COMAL §

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

by \_\_\_\_\_

(BUSINESS OWNER NAME(S) MUST APPEAR HERE)

SIGNATURE OF NOTARY PUBLIC (DO NOT COVER SIGNATURE WITH SEAL)



{NOTARY SEAL}

"OR"

COMAL COUNTY CLERK, BOBBIE KOEPP

BY: DEPUTY COUNTY CLERK

THIS AREA FOR RECORDING PURPOSES ONLY