	har som stander som som ander som so	CARLES CARLES CARLES CARLES CARLES		Y I W Y I W I W I W	
ALL OF		Gina Champion, County Clerk			
	Medina County, Texas				
El Contraction	1300 Avenue M, Room 163				
Hondo, Texas 78861					
In the Exclusion of Revision of Revision of the Section of the Sec					
Assumed Name (DBA) Certificate of Ownership					
For Unincorporated Business or Profession					
NOTICE: THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN AN "ASSUMED					
NAME/DBA" CERTIFICATE. ONCE FILED WITH THE COUNTY CLERK, THIS DOCUMENT BECOMES A PERMANENT RECORD AND MAY BE CHANGED OR					
AMENDED ONLY BY FILING A NEW CERTIFICATE. THE COUNTY CLERK MAY REFUSE TO RECORD A CERTIFICATE THAT IS CLEARLY DEFECTIVE ON ITS					
FACE. CHAPTER 71, TEXAS BU	JSINESS & COMMERCE	CODE.			
BUSINESS NAME:					
	(Print or Ty	(ne)			
BUSINESS ADDRESS	() Three of Ty				
BUSINESS ADDRESS:	(Print or Type)	City	State	Zin	
The second all strains and shire	(Finit of Type)			Zip	
	n the assumed ham	ne will be used is (not to exceed 1	0 years) years.	(Pursuant to Title 5,	
Chapter 71.151(a)).					
BUSINESS TO BE CONDU	JCTED AS (check or	ne): 🗆 Sole Proprietorship 🗆 So	ole Practitioner		
Conoral Partnership	🗆 loint Vantura	Other (specify)			
	LJoint venture	□Other (specify)			
		ACATICIANTE OF ANNIERCUNA			
		CERTIFICATE OF OWNERSHIP			
I/We, the undersigned, are the owner(s) of the above-named business and my/our 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 herein below. By signing below, the applicant(s) acknowledge					
		s cited below. The undersigned, if acting			
				in fact of the childy,	
certifies that the entity has duly authorized the attorney in fact in writing to execute this document. OWNER(S) INFROMATION AND SIGNATURE(S)					
Name					
Name:				-	
Residence Address:					
City, State, Zip:		Printed Name:		<u></u>	
Name:		Signature:			
Residence Address:				Ħ.	
City, State, Zip:		- Printed Name:			
		Finted Name.		allera -	
Name:		Signature:			
Residence Address:					
City, State, Zip:					
			an a	_	
WARNING: INTENTIONALLY	PROVIDING FALSE OR I	FRAUDULENT INFORMATION ON THIS A	PPLICATION IS A VIOLATION C	F THE LAW AND MAY	
		YEARS AND/OR FINE OF UP TO \$10,000			
Sec. 71.203: Texas Penal Coo					
THE STATE OF TEXAS					
COUNTY OF					
	ISS AUTHORIZA				
BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared					
known to me to be the person(s) whose name subscribed to the foregoing instrument, and acknowledged to me that he/she/they executed the					
same for the purpose thereir	n expressed.				
Ciuch under mu hand and so	al of office this	day of	20		
Given under my hand and se	ar of office, this	day of	, 20		
(seal)					
(seal)		Signature of Notary Public			
		Signature of Notary Public			
Printed Name of Notary Public					