## DELIA BRIONES, EL PASO COUNTY CLERK 105 COUNTY COURTHOUSE EL PASO, TEXAS 79901-2496

FILED FOR RECORD
ASSUMED NAME RECORDS IN MY OFFICE
HIP FOR UNINCORP.

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION
NOTICE "CERTIFICATE OF OWNERSHIP" are Valid only for a Period Not to Exceed TAN and Fried in COUNTY CLERK'S OFFICE
(Chapter 38, Sect. 1, Title 4 – Business and Commerce Code)

(This Certificate Properly executed is to be filed immediately with the County/Clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDICEPED

COUNTY CLERK EL PASO COUNTY, TEXAS BUSINESS NAME (Print or type): People Care ADDRESS: 20 Founders Blvd. STATE: TX ZIP CODE: 79906 PERIOD DURING WHICH ASSUMED NAME WILL BE USED (Not to exceed 10 years): March 1, 2012 - Feb 292022 BUSINESS TO BE CONDUCTED AS (Check Which One): Proprietorship Sole Practitioner Joint Venture
General Partnership Limited Partnership Real Estate Investment Trust Joint Stock Company
Non-Profit Organization Other (Name type) CERTIFICATE OF OWNERSHIP I/We, the undersigned, is/are the owner(s) of the above 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 listed herein below. -NAME OF OWNERS-NAME James E. Bean SIGNATURE Residence Address 6328 Franklin Vista Drive El Paro, Tx Zip Code 79912 05/28/1950 915-843-7773 (Date of Birth) TXDL 10235938
(Proof of Identity) NAME Lance R. Hughes Mgt. Trust SIGNATURE Burner Residence Address 1301 Capital of Tx. Hishury, Ste. 4-300, Austin, Txip Code 78746 Tx OL 09160387
(Proof of Identity) 512-615-9502 (Phone Number) NAME \_\_\_\_\_SIGNATURE \_\_\_\_\_ Residence Address \_\_\_ Zip Code

THE STATE OF TEXAS COUNTY OF EL PASO

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared James & Bean / Brunda Nelson, Trustee known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledge to me that he are the owner(s) of the above-named business and that he signed the same for the purpose and consideration therein expressed.

(Date of Birth)

I/We have personally checked the Assumed Name index for possible duplication of name, prior to the filing of my Assumed Name

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on \ \V

(SEAL) LORI MERAZ otary Public, State of Texas My Commission Expires September 11, 2014

(Proof of Identity)

DELIA BRIONES, COUNTY CLERK OF EL PASO COUNTY, TEXAS

