

Form 503
(Revised 09/09)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709

Filing Fee: \$25



This space reserved for office use.

Assumed Name Certificate

Assumed Name

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: Texas High School Lacrosse League

Entity Information

2. The legal name of the entity filing the assumed name is:

Texas Scholastic Lacrosse Association Inc.

State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- | | |
|---|--|
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Limited Liability Company |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Cooperative Association |
| <input type="checkbox"/> Other _____ | |

Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.

4. The file number, if any, issued to the entity by the secretary of state is: 801107516 04/07/2009

5. The state, country, or other jurisdiction of formation of the entity is: Collin County, Texas

6. The registered office or similar office address of the entity in its jurisdiction of formation is:

6003 Dumont Court

Street Address

Allen

TX

USA

75002

City

State

Country

Zip or Postal Code

7. The entity's principal office address in Texas is: (See instructions.)

6003 Dumont Court

Allen

TX

75002

Street Address

City

Zip or Postal Code

8. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

Street Address

City

State

Zip or Postal Code

Period of Duration

9a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

9b. The period during which the assumed name will be used is _____ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

9c. The assumed name will be used until _____ (not to exceed 10 years).
mm/dd/yyyy

County or Counties in which Assumed Name Used

10. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

All counties

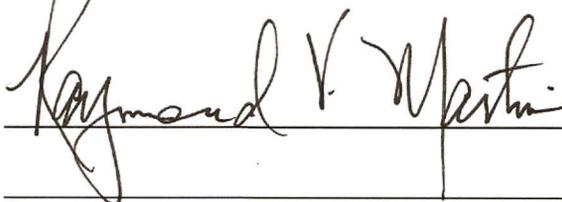
All counties with the exception of the following counties: _____

Only the following counties: _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: 1/6/2011



Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)