

Form 805**(Revised 06/11)**

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

Filing Fee: [See instructions](#)

This space reserved for office use.

**Statement of Event or Fact****Entity Information**

The following entity or entities are filing this statement of event or fact. (*All entities that were required to execute the filing instrument to which this statement relates must be listed.*)

The name of the entity and the file number, if any, issued by the secretary of state is:

State the name of the entity as currently shown in the records of the secretary of state.

File number, if any

The name of the entity and the file number, if any, issued by the secretary of state is:

State the name of the entity as currently shown in the records of the secretary of state.

File number, if any

The name of the entity and the file number, if any, issued by the secretary of state is:

State the name of the entity as currently shown in the records of the secretary of state.

File number, if any

Identification of Filing Instrument

The following filing instrument was filed with the secretary of state to take effect on the occurrence of a future event or fact, other than the passage of time.

The filing instrument is identified as: _____

The instrument was filed with the secretary of state on: _____

mm/dd/yyyy

Confirmation

This statement is filed to confirm that each event or fact on which the effect of the instrument is conditioned has been satisfied or waived. The date and time on which the condition was satisfied or waived was: _____

Time

mm/dd/yyyy

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: _____

Signature and title of authorized person(s) (see instructions)