

Form 506**(Revised 05/11)**

Return in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX 512 463-5709
[Instructions](#)
Filing Fee: \$15

This space reserved for office use.



**Notice of Transfer of
Reservation of an Entity
Name**

Entity Name Reserved

The undersigned applicant files the notice of transfer of the reservation of name. The entity name that was reserved and is being transferred is: _____

The date of filing and file number of the reservation is: _____

*mm/dd/yyyy**File Number*

Name of Applicant

The name of the applicant on the reservation of name to be transferred is: _____

Name of Person to Whom Reservation Transferred (Choose and complete either A or B.)

A. The transferee is an organized entity by the name of: _____

OR

B. The transferee is an individual by the name of: _____

<i>First Name</i>	<i>M. I.</i>	<i>Last Name</i>	<i>Suffix</i>
-------------------	--------------	------------------	---------------

Street or Mailing Address _____ *City* _____ *State* _____ *Country* _____ *Zip Code* _____

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 of applicant, applicant's attorney or agent