

ABANDONMENT OF ASSUMED NAME CERTIFICATE

ASSUMED BUSINESS OR PROFESSIONAL NAME BEING ABANDONED:

File date of Original Certificate: _____

File number of Original Certificate: _____

Name and address(es) of Owner/Registrant abandoning the business:

Name: _____

Personal Address: _____

Signature: _____

(Please DO NOT SIGN until you are in front of a Notary)

Name: _____

Personal Address: _____

Signature: _____

(Please DO NOT SIGN until you are in front of a Notary)

Name: _____

Personal Address: _____

Signature: _____

(Please DO NOT SIGN until you are in front of a Notary)

EXECUTED on this the _____ day of _____, 20____ by the above-signed representatives.

State of Texas

County of _____

This instrument was acknowledged before me by _____

On this the _____ day of _____, 20_____.

NOTARY PUBLIC, STATE OF TEXAS