

CERTIFICATE OF ABANDONMENT
OF ASSUMED NAME

ORIGINAL NAME OF BUSINESS TO BE ABANDONED _____

DATE FILED _____ FILE # _____

THE STATE OF TEXAS

COUNTY OF _____

THIS IS TO CERTIFY that the owner/owners of the above referenced assumed name filed in _____ County, Texas is/are abandoning the said assumed name.

WITNESS my/our hand(s) this the _____ day of _____, 20____

NAME _____ SIGNATURE _____

ADDRESS _____ ZIP _____

NAME _____ SIGNATURE _____

ADDRESS _____ ZIP _____

NAME _____ SIGNATURE _____

ADDRESS _____ ZIP _____

THE STATE OF TEXAS

COUNTY OF _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

known to me to be the person__ whose name__ is/are subscribed to the foregoing instrument and acknowledged to me that __he__ is/are the owner(s) of the above named business and that __he__ executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, 20____,

NOTARY PUBLIC-