

WITHDRAWING PARTY'S ABANDONMENT
OF ASSUMED NAME CERTIFICATE

THE STATE OF TEXAS
COUNTY OF MADISON

THIS IS TO CERTIFY, on this the _____ day of _____, 20____,

that I, _____ of the County of _____,

State of Texas, have withdrawn my assumed or professional name which is currently filed as

(Name of Business)

as recorded in Official Records, Madison County Texas, Volume _____ Page _____

My residence address is _____

And my office address is _____.

This certificate has been made in compliance with the provisions of **Section 36.14, Acts of the 65th Legislature, 1977 Regular Session, (*Business and Commerce Code*)** requiring same to be made when withdrawing or disposing of interest in a firm doing business under an assumed name.

WITNESS my hand at _____, Texas, this the _____ day
of _____, 20_____.

Signature of Withdrawing Party/Title

Printed Name of Withdrawing Party/Title

THE STATE OF TEXAS
COUNTY OF MADISON

BEFORE ME on the _____ day of _____, 20____, personally appeared
_____ and acknowledged to me that
he/she/they executed the same for the purposes and consideration herein expressed.

Notary Public in and for the State of Texas

(Seal)