

**CERTIFICATE OF ABANDONMENT OF USE OF
ASSUMED BUSINESS OR PROFESSIONAL NAME**

1. The assumed business or professional name being abandoned is :

_____.

2. The date on which the certificate of assumed name was filed was:

_____.

Other filing office or offices, if any:

_____.

3. Name and address of registrants:

Name	
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Title	Address
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Name	
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Title	Address
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Name	
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Title	Address
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Executed this the _____ day of _____, 20_____.

(Acknowledgment)

The State of Texas

County of _____

Before me, the undersigned authority on this day personally appeared _____ known to me to be the person whose named above subscribed to the foregoing instrument and acknowledged to me 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

The State of Texas
County of _____

Before me, the undersigned authority on this day personally appeared _____ known to me to be the person whose named above subscribed to the foregoing instrument and acknowledged to me 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

The State of Texas
County of _____

Before me, the undersigned authority on this day personally appeared _____ known to me to be the person whose named above subscribed to the foregoing instrument and acknowledged to me 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