

**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 ON:

\_\_\_\_\_

3. OTHER FILING OFFICE OR OFFICES, IF ANY:

\_\_\_\_\_

4. NAME AND ADDRESS OF REGISTRANT(S):

NAME

SIGNATURE

TITLE

ADDRESS

NAME

SIGNATURE

TITLE

ADDRESS

**FOR NOTARY USE ONLY**

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED

\_\_\_\_\_  
\_\_\_\_\_

KNOWN TO ME TO VE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE FOREGOING INSTUMENT AND ACKNOWLEDGE TO ME THAT HE/SHE/THEY SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THERIN EXPRESSED.

GIVEN UNDER MY HAND AND SEAL OF OFFICES, THIS THE \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY

STATE OF TEXAS- COUNTY OF RAINS