

CERTIFICATE OF ABANDONMENT OF USE OF ASSUMED BUSINESS NAME 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

NAME

SIGNATURE

TITLE

ADDRESS

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

KNOWN TO ME TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE _____ DAY OF _____, 20____.

Signature of Notary

STATE OF TEXAS, COUNTY OF _____