

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: _____

Other filing office or offices, if any: _____

3. Name and address of registrant:

NAME _____

TITLE _____ ADDRESS _____

NAME _____

TITLE _____ ADDRESS _____

NAME _____

TITLE _____ ADDRESS _____

EXECUTED this the _____ day of _____, 20_____.

ACKNOWLEDGEMENT

THE STATE OF TEXAS

§

COUNTY OF _____

§

BEFORE me, the undersigned authority, on this day personally appeared _____ known to me to be the person(s) whose name(s) 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, STATE OF TEXAS