

**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 names 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