

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

THE STATE OF TEXAS
COUNTY OF OCHILTREE

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

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

3. Name, address, and title of registrant(s):

NAME & TITLE: _____

ADDRESS: _____

NAME & TITLE: _____

ADDRESS: _____

NAME & TITLE: _____

ADDRESS: _____

EXECUTED this the ____ day of _____, 20__.

This instrument was acknowledged before me by _____
in the capacity therein stated, on this, the ____
day of _____, 20__.

NOTARY PUBLIC

PRINTED NAME

COMMISSION EXPIRES