

**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 WAS:

OTHER FILING OFFICE OR OFFICES, IF ANY:

3. NAME AND ADDRESS OF REGISTRANTS:

Name

Address

Name

Address

Name

Address

EXECUTED THIS THE _____ DAY _____, 20_____.

SIGNATURES OF REGISTRANTS

ACKNOWLEDGMENT

THE STATE OF TEXAS
COUNTY OF BLANCO

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 EXECUTED THE SAME FOR THE PURPOSES AND
CONSIDERATION THEREIN EXPRESSED.

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

NOTARY PUBLIC, STATE OF TEXAS