

**STATEMENT OF ABANDONMENT OF USE OF A BUSINESS OR PROFESSIONAL NAME
FOR UNINCORPORATED BUSINESS OR PROFESSION**

1. The Assumed Business or Professional Name being abandoned is: _____

2. The date on which the Assumed Name Certificate was filed: _____

3. The Registrants name(s) and residence or office address as shown on the Assumed Name Certificate:

Name: _____ Name: _____

Address: _____ Address: _____

City State Zip: _____ City State Zip: _____

Name: _____ Name: _____

Address: _____ Address: _____

City State Zip: _____ City State Zip: _____

To certify which, witness my/our hand(s) this the _____ day of _____, 20 _____.

By signing this application, the applicant(s) acknowledge understanding of and compliance with the statutes cited below

Name: _____

Residence Address: _____

City State Zip: _____

Signature: _____

Printed Name/Title: _____

Name: _____

Residence Address: _____

City State Zip: _____

Signature: _____

Printed Name/Title: _____

Name: _____

Residence Address: _____

City State Zip: _____

Signature: _____

Printed Name/Title: _____

Name: _____

Residence Address: _____

City State Zip: _____

Signature: _____

Printed Name/Title: _____

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THAN 5 YEARS AND/OR FINE OF UP TO \$ 10,000. (Texas Business and Commerce Code, Chapter 71, Sec. 71.203; Texas Penal Code, Chapter 12 and Chapter 37, Sec. 37.10)

THE STATE OF _____

COUNTY OF _____

Before me on this day personally appeared _____, known to me or proved to me through _____ to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

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

Notary Public/Printed Name

SPACE BELOW RESERVED FOR RECORDING PURPOSES