

ABANDONMENT OF ASSUMED NAME

(Print or type Name of Business to be Abandoned)

Business

Address: _____ City: _____ State: _____ Zip: _____

Mailing

Address: _____ City: _____ State: _____ Zip: _____

The date on which the assumed name certificate was filed in the office in which this statement is being filed was: _____ File number (if known): _____

Each of the undersigned has this day withdrawn from or disposed of his/her interest in the above mentioned business and is not longer connected with the same.

-Name(s) of Owners-

I/We, the undersigned, are the owner(s) of the above business and my/our name(s) and address(es) is/are true and correct:

NAME: _____ SIGNATURE: _____

Address: _____ City: _____ State: _____ Zip: _____

NAME: _____ SIGNATURE: _____

Address: _____ City: _____ State: _____ Zip: _____

NAME: _____ SIGNATURE: _____

Address: _____ City: _____ State: _____ Zip: _____

STATE OF TEXAS
COUNTY OF JACK

Before me, the undersigned authority, on this day personally appeared _____
Those person(s) whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and acknowledged to me that they are the owner(s) of the above named business and that they signed the same for the purpose and consideration herein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____, _____
(SEAL)

Signature of Notary / Deputy County Clerk