



CERTIFICATE OF ABANDONMENT OF USE OF ASSUMED NAME

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

2. The date on which the CERTIFICATE OF ASSUMED NAME was filed:

Other filing office or offices, if any:

3. Name and address of registrants:

Name (Print)

Signature

Title

Address

Name (Print)

Signature

Title

Address

Name (Print)

Signature

Title

Address

STATE OF TEXAS)
COUNTY OF PARKER)

Subscribe and sworn to before me this the _____ day of _____, 20_____

By: _____

(seal)

Lila Deakle, Parker County Clerk

Or:

By: _____, Deputy

Notary Public

(seal)

Printed Name