

ASSUMED NAME FILE # _____

STATEMENT OF ABANDONMENT OF ASSUMED BUSINESS OR PROFESSIONAL NAME

The Assumed Business or Professional Name being abandoned is: (Please print clearly)

Business Address: _____

City: _____ State: _____ Zip Code: _____

Date Assumed Name was filed in this office: _____

Name other filing offices, if any, where the same Assumed Name was filed: _____

Each of the undersigned has this day withdrawn from or disposed of his/her interest in the above mentioned business and is no longer connected with the same, and will not be responsible for debts contracted by said business after the filing of this Abandonment as prescribed by law.

NAME OF OWNERS	
Name: _____	Signature: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	
Name: _____	Signature: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	
Name: _____	Signature: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	

ACKNOWLEDGMENT

THE STATE OF TEXAS
COUNTY OF _____

This Instrument was acknowledged before me this the _____ day of _____,
20 _____, by person(s) are: _____
_____ And who personally appeared therein.

(Signature of Notary)

(Printed name of Notary)

OFFICE USE ONLY
