

ABANDONMENT OF ASSUMED NAME CERTIFICATE

THE STATE OF TEXAS

COUNTY OF MATAGORDA

THIS IS TO CERTIFY, on this the _____ day of _____ 20____, that

I, _____, of the County of _____, State of Texas, have abandonment the assumed or professional name which is currently filed

**as _____
(Assumed Name or Professional Name Used)**

My name is _____, my residence and office address is

(Residence Address)

(Office Address)

This certificate has been made in compliance with the provisions of Section 36.14, Acts of the 65th Legislature, 1977 Regular Session requiring same to be made when withdrawing or disposing of interest in a firm doing business under an assumed name.

WITNESS _____ hand at _____, Texas, this the _____ day of _____, 20_____.

(Signed Withdrawing Party)

THE STATE OF TEXAS

COUNTY OF MATAGORDA

Before me, _____ in and for said County and State, on this day personally appeared _____, Known to me to be the person, whose name is subscribed to the foregoing certificate, 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 _____ A.D. 20_____

