

FILING FEE - \$24.00
.05¢ EACH ADDITIONAL
SIGNATURE AS OWNER

**ABANDONMENT
OF CERTIFICATE OF ASSUMED NAME**
FOR UNINCORPORATED BUSINESS OR PROFESSION

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

ORIGINAL FILE #: _____ **ORIGINAL FILE DATE:** _____

NAME(S) AND ADDRESS OF REGISTRANT(S)

I/WE, THE UNDERSIGNED, ARE THE OWNER(S) OF THE ABOVE BUSINESS AND MY/OUR NAME(S) AND ADDRESS GIVEN IS/ARE TRUE AND CORRECT, AND I/WE AM/ARE SURE ALL SIGNATURES FROM ORIGINAL DOCUMENT ARE LISTED BELOW.

NAME _____ SIGNATURE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
(residence)

NAME _____ SIGNATURE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
(residence)

NAME _____ SIGNATURE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
(residence)

NAME _____ SIGNATURE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
(residence)

NAME _____ SIGNATURE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
(residence)

STATE OF TEXAS
COUNTY OF ANGELINA
BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____

KNOWN TO ME TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS _____ DAY OF _____, 20____

THIS AREA FOR CLERK'S USE ONLY

SIGNATURE OF NOTARY
Notary Public in and for the State of Texas
Commission Expires: _____

PLACE NOTARY SEAL BELOW