

**STATEMENT OF ABANDONMENT OF USE OF A
BUSINESS OR PROFESSIONAL NAME**

1. The assumed business name being abandoned is: _____

2. The date on which the assumed name certificate was filed in the office in which this statement
is being filed was: _____

3. The Registrant's name and residence or office address as would be required to be stated if the
assumed name certificate were being presently filed is: _____

To Certify which, witness my hand the _____ day of _____, 20_____

Signature(s) _____

**STATE OF TEXAS
COUNTY OF THROCKMORTON**

BEFORE ME, THE UNDERSIGNED AUTHORITY, in and for said State of Texas, on this day personally
appeared _____

Known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and
acknowledge to me that he/she executed the same for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20_____

Notary Public in and for State of Texas