

**CERTIFICATE OF ABANDONMENT
OF USE OF ASSUMED BUSINESS OR PROFESSIONAL NAME**

The Assumed Name Business or Professional Name being abandoned is:

Address of Assumed Name Business or Professional Name being abandoned:

Phone Number of Owner: _____

Date Assumed Name Business or Professional Name was filed & file number:

Date: _____ **File Number:** _____

Name and Address of Owners:

Printed Name **Signature**

Address

Printed Name **Signature**

Address

Printed Name **Signature**

Address

Printed Name **Signature**

Address

**STATE OF TEXAS
COUNTY OF PALO PINTO**

Before me, the undersigned authority, on this day personally appeared _____
known to me to be the person(s) whose name(s) are subscribed to the foregoing instrument and acknowledged to me
that he/she signed the same for the purpose and consideration therein expressed.

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

Janette K. Green, County Clerk, Palo Pinto County

By: Deputy County Clerk