

ABANDONMENT OF ASSUMED NAME

- 1. The Assumed Business or Professional Name being abandoned is: _____
- 2. The date's on which the Assumed Name Certificate was filed in this county and others: _____
- 3. The Registrants name(s) and residence or office address as shown on the Assumed Name Certificate:

Name: _____
 Address: _____
 City, State, Zip: _____

Name: _____
 Address: _____
 City, State, Zip: _____

Name: _____
 Address: _____
 City, State, Zip: _____

Name: _____
 Address: _____
 City, State, Zip: _____

To certify which, witness my/our hand(s) this the _____ day of _____, 20_____.

By signing below, the applicant(s) acknowledge understanding of and compliance with the statutes cited below. The undersigned, if acting in the capacity of an attorney in fact of the entity, certifies that the entity has duly authorized the attorney in fact in writing to execute this document.

Name: _____
 Residence Address: _____
 City, State, Zip: _____

Signature: _____
 Printed Name/Title: _____

Name: _____
 Residence Address: _____
 City, State, Zip: _____

Signature: _____
 Printed Name/Title: _____

Name: _____
 Residence Address: _____
 City, State, Zip: _____

Signature: _____
 Printed Name/Title: _____

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THAN 5 YEARS AND/OR FINE OF UP TO \$ 10,000. (Texas Business and Commerce Code, Chapter 71, Sec. 71.203; Texas Penal Code, Chapter 12 and Chapter 37, Sec. 37.10)

THE STATE OF _____
 COUNTY OF _____

Before me on this day personally appeared _____, known to me or proved to me through _____ to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, ON _____, 20_____.

 Notary Public

LONA ACKMAN, GONZALES COUNTY CLERK

By: _____, Deputy