STATE OF TEXAS PLEASE PRINT

ABANDONMENT OF ASSUMED NAME CERTIFICATE

COUNTY OF BRAZOS

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

_____of the County of _____,

State of Texas, have abandoned the assumed of professional name which is currently filed as

_____

(Assumed Name Used)

My name is: _____

My residence address is _____

My Office address is _____

This certificate has been made in compliance with the provisions of Section 36.14, V.T.C.A. Business and Commerce Code, requiring same to be made when withdrawing or disposing of interest in a firm doing business under an assume name.

WITNESS, _____ hand _____at _____Texas, this the ____ day of _____,20 ____.

_____

_____

SWORN TO AND SUBSCRIBED BEFORE ME this _ day of _____,20____

_____

(SEAL) County Clerk or Notary Public State of Texas

BY: _____Deputy