CERTIFICATE OF ABANDONMENT OF USE OF ASSUMED BUSINESS OR PROFESSIONAL NAME

1. The assumed business or professional name being abandoned is:

   _____

2. The date on which the certificate of assumed name was filed on: _____

   Other filing office or offices, if any: _____

   _____

3. Name and address of registrant:

_____ _____
NAME

_____ _____
TITLE ADDRESS

_____ _____
NAME

_____ _____
TITLE ADDRESS

_____ _____
NAME

_____ _____
TITLE ADDRESS

EXECUTED this the _____day of _____, 20_____.

_____

_____

_____

ACKNOWLEDGEMENT

THE STATE OF TEXAS §
COUNTY OF _____ §

BEFORE me, the undersigned authority, on this day personally appeared _____ known to me to be the person(s) whose name(s) subscribed to the foregoing instrument, and acknowledged to me that ___ he ___ executed the same for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office this the _____ day of _____, 20____.

_____
Notary Public, STATE OF TEXAS