Original File # _____

CERTIFICATE OF ABANDONMENT OF USE OF ASSUMED BUSINESS OR PROFESSIONAL NAME

CERTIFICADO DE ABANDONO AL USO DEL NEGOCIO ASUMIDO O NOMBRE PROFESIONAL

1. **THE ASSUMED BUSINESS OR PROFESSIONAL NAME BEING ABANDONED IS** *(EL NEGOCIO ASUMIDO O NOMBRE PROFESIONAL ES)*:

_____

2. **THE DATE ON WHICH THE CERTIFICATE OF ASSUMED NAME WAS FILED ON** *(LA FECHA EN QUE EL CERTIFICADO DEL NOMBRE ASUMIDO FUE)*:

_____

3. **OTHER FILING OFFICE OR OFFICES, IF ANY** *(OTRA/S OFICINA/S ARCHIVADAS SI APLICABLE)*:

_____

4. **NAME AND ADDRESS OF REGISTRANT(S)** *(NOMBRE Y DOMICILIO DE/LOS REGISTRADO/S)*:

_____

NAME *NOMBRE* SIGNATURE *FIRMA*

_____

TITLE *TITULO* ADDRESS *DOMICILIO*

_____

NAME *NOMBRE* SIGNATURE *FIRMA*

_____

TITLE *TITULO* ADDRESS *DOMICILIO*

_____

NAME *NOMBRE* SIGNATURE *FIRMA*

_____

TITLE *TITULO* ADDRESS *DOMICILIO*

STATE OF TEXAS §
COUNTY OF KERR §

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED

_____, _____ and

_____ 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/THEY SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

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

FILED AND RECORDED
At _____o'clock _____M
STATE OF TEXAS
COUNTY OF KERR

_____

I hereby certify that this instrument was filed in the file number sequence on the date and time stamped hereon by me and was duly recorded in the Official Public Records of Kerr County Texas. Rebecca Bolin, County Clerk

By: _____, Deputy

Rebecca Bolin, Kerr County Clerk

By: _____Deputy

Original File # _____

CERTIFICATE OF ABANDONMENT OF USE OF ASSUMED BUSINESS OR PROFESSIONAL NAME

CERTIFICADO DE ABANDONO AL USO DEL NEGOCIO ASUMIDO O NOMBRE PROFESIONAL

1. **THE ASSUMED BUSINESS OR PROFESSIONAL NAME BEING ABANDONED IS** *(EL NEGOCIO ASUMIDO O NOMBRE PROFESIONAL ES)*:

_____

2. **THE DATE ON WHICH THE CERTIFICATE OF ASSUMED NAME WAS FILED ON** *(LA FECHA EN QUE EL CERTIFICADO DEL NOMBRE ASUMIDO FUE)*:

_____

3. **OTHER FILING OFFICE OR OFFICES, IF ANY** *(OTRA/S OFICINA/S ARCHIVADAS SI APLICABLE)*:

_____

4. **NAME AND ADDRESS OF REGISTRANT(S)** *(NOMBRE Y DOMICILIO DE/LOS REGISTRADO/S)*:

_____

NAME *NOMBRE* SIGNATURE *FIRMA*

_____

TITLE *TITULO* ADDRESS *DOMICILIO*

_____

NAME *NOMBRE* SIGNATURE *FIRMA*

_____

TITLE *TITULO* ADDRESS *DOMICILIO*

_____

NAME *NOMBRE* SIGNATURE *FIRMA*

_____

TITLE *TITULO* ADDRESS *DOMICILIO*

STATE OF TEXAS §
COUNTY OF KERR §

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED

_____, _____ and

_____ 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/THEY SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

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

FILED AND RECORDED
At _____o'clock _____M
STATE OF TEXAS
COUNTY OF KERR

_____

I hereby certify that this instrument was filed in the file number sequence on the date and time stamped hereon by me and was duly recorded in the Official Public Records of Kerr County Texas. Rebecca Bolin, County Clerk

By: _____, Deputy

_____

Notary Public, State of Texas
Commission Expires: _____