$23 Recording Fee

WITHDRAWAL NOTICE OF AN ASSUMED NAME RECORD (D.B.A.)

NAME OF BUSINESS BEING ABANDONED

↓

_____

(Print or type name of business)

BUSINESS ADDRESS:_____ CITY: _____ STATE _____ ZIP _____

MAILING ADDRESS:_____ _____CITY: _____ STATE _____ ZIP _____

(If different than business address)

1. Give Date (if known) original Assumed Name was filed in this office: _____
2. Name other filing offices, if any, where you filed the same Assumed Name: _____

Each of the undersigned has this day withdrawn from or disposed of his interest in the above mentioned business and is no longer connected with the same, and will not be responsible for debts contracted by said business after the filing of this Withdrawal Notice as prescribed by law. **PRINT OR TYPE NAME.**
NOTE: SIGNATURE(S) MUST BE SIGNED IN FRONT OF A NOTARY.

NAME _____ SIGNATURE: _____
(Print Owner or Corporation Name)

_____
(If Corporation, print your Name and Title)

ADDRESS: _____

NAME _____ SIGNATURE: _____
(Print Second Owner's Name)

ADDRESS: _____

NAME _____ SIGNATURE: _____
(Print Third Owner's Name)

ADDRESS: _____

NAME _____ SIGNATURE: _____
(Print Fourth Owner's Name)

ADDRESS: _____

THE STATE OF TEXAS }
COUNTY OF SOMERVELL }

Before me, the undersigned authority, on this day personally appeared_____

_____

Those person(s) whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and acknowledged to me that they are the owner(s) of the above named business and that they signed the same for the purpose and consideration herein expressed.

(SEAL) GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS _____ DAY OF _____, _____.

_____
Notary Public in and for State of Texas

MICHELLE REYNOLDS, SOMERVELL COUNTY AND DISTRICT CLERK

By: _____, Deputy