

**WITHDRAWAL NOTICE OF ASSUMED NAME**

NOTICE: THIS CERTIFICATE OF WITHDRAWAL WHEN PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK.

NAME OF BUSINESS BEING ABANDONED: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Give date original assumed name was filed in this office: \_\_\_\_\_.

Name other filing offices, if any, where you filed the same assumed name: \_\_\_\_\_

*Each of the undersigned has this day withdrawn fro or disposed of his/her interest in the above mentioned business ad is no longer connected with the same, ad will not be responsible o debts contracted by said business after the filing of this Withdrawal Notice as prescribed by law.*

**NAME(S) OF OWNER(S)**

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(print or type)

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(print or type)

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(print or type)

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(print or type)

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If this instrument is executed by an attorney-in-fact, the attorney-in-fact hereby states that s/he/they has/have been duly authorized in writing by his/her principal to execute and acknowledge the same.

THE STATE OF TEXAS           §  
COUNTY OF ANDERSON       §

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared \_\_\_\_\_

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that s/he/they is/are the owner(s) of the above mentioned business and that s/he/they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on \_\_\_\_\_.

(SEAL)