

FILE NO. _____

**STATEMENT OF ABANDONMENT OF USE OF A
BUSINESS OR PROFESSIONAL NAME**

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

2. The date on which the assumed name certificate was filed in the office in which this statement is being filed was:

Other filing offices, if any, where the certificate has been filed: _____

3. The Registrant's name and residence or office address as would be required to be stated if the Assumed Name certificate were being presently filed is: _____

To certify which, witness _____ hand the _____ day of _____, 20 _____

STATE OF _____

COUNTY OF _____

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

KNOWN TO ME TO BE THE PERSON ___ WHOSE NAME ___ IS/ARE SUBSCRIBED TO THE FOREGOING
INSTRUMENT AND ACKNOWLEDGED TO ME THAT ___ HE ___ ARE THE OWNER(S) OF THE ABOVE
NAMED BUSINESS AND THAT ___ HE ___ SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION
THEREIN EXPRESSED,

GIVEN UNDER MY HAND AND SEAL OF OFFICE, ON _____ 20 _____

SIGNATURE OF NOTARY

PRINTED OR STAMPED NAME OF NOTARY

COMMISSION EXPIRATION DATE

(SEAL)