



**Dyana Limon-Mercado** *Travis County Clerk*

Phone: (512) 854-9188  
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Mailing Address: P.O. Box 149325, Austin, Texas 78714-9325

Recording, Elections, Computer Resources, Accounting, and Administration Divisions  
Misdemeanor Records, Civil/Probate/Commissioners Court Minutes, and Records Management Divisions

5501 Airport Boulevard, Austin, Texas 78751  
1000 Guadalupe, Austin, Texas 78701

## Withdrawal Notice of Individual Name Associated With Assumed Name Certificate

This form is used in withdrawing individual name(s) from business **not** for withdrawing entire business

**ASSUMED NAME** under which the business or professional service is or is to be conducted (print clearly):

\_\_\_\_\_

**PHYSICAL ADDRESS OF BUSINESS (print clearly):**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Date that original Assumed Name was filed with the Travis County Clerk: \_\_\_\_\_

Other offices where this Assumed Name was also filed: \_\_\_\_\_

This is to certify that the name(s) listed below have been connected with the business listed above and that I/we am/are no longer associated with said business as of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PERSON WITHDRAWING

\_\_\_\_\_  
PRINTED NAME OF PERSON WITHDRAWING

\_\_\_\_\_  
SIGNATURE OF PERSON WITHDRAWING

\_\_\_\_\_  
PRINTED NAME OF PERSON WITHDRAWING

\_\_\_\_\_  
SIGNATURE OF PERSON WITHDRAWING

\_\_\_\_\_  
PRINTED NAME OF PERSON WITHDRAWING

*FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. The State of Texas and County of Travis:*

*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 he/she/they signed the same purpose and consideration therein expressed. Given under my hand and seal of office, on \_\_\_\_\_*

\_\_\_\_\_  
*Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy*

<p><b>INFORMATION WHERE DOCUMENT SHOULD BE RETURNED (to be completed by applicant):</b></p> <p>In the spaces below, clearly print the name, address, city, state, and zip code where this document should be returned</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><i>Seal of the Notary Public or Clerk of the Court, Deputy</i></p> <p>_____</p> <p><i>Form of identification presented:</i> _____</p>
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