



DISSOLUTION OF ASSUMED BUSINESS NAME

ORIGINAL RECORDING REFERENCE NO. _____

(CHECK ONE) SOLE PROPRIETORSHIPS ASSOCIATION GENERAL PARTNERSHIPS

PRINT - Name of Business _____

PRINT - Kind of Business _____

PRINT - Address of Business _____

NAMES & RESIDENCES OF MEMBERS OF BUSINESS:

1. _____ Resides at _____

2. _____ Resides at _____

3. _____ Resides at _____

THE ABOVE LISTED BUSINESS HAS BEEN DISBANDED AND/OR TERMINATED AS OF: _____
(date)

SECTION TO BE COMPLETED IN PRESENCE OF NOTARY PUBLIC

I hereby certify that I have personal knowledge of the facts stated above and that each of them is true.

Signature of Member

Print Member's Name

STATE OF _____

COUNTY OF _____

I hereby acknowledge _____, personally appeared before me a Notary Public, this ____ day of _____, 20____.

My Commission Expires _____

County of Residence _____

Notary Public – Signature

Notary Public - Printed Name

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law: _____ Print Name

This instrument was prepared by: _____