

NOTICE OF DISSOLUTION OF CO-PARTNERSHIP OR BUSINESS UNDER ASSUMED NAME

FILING FEE: \$10.00

Gina Everson St Joseph County Clerk

PO Box 189

Centreville, MI 49032

STATE OF MICHIGAN)
) SS
COUNTY OF ST JOSEPH)

Notice is hereby given that the business or co-partnership heretofore conducted under the assumed name of _____ located at _____ has been dissolved and is no longer engaged in business.

Dated: _____

FULL NAME OF CO-PARTNERSHIP OR MEMBERS OF BUSINESS

<u>NAMES OF PERSONS</u>	<u>RESIDENCE ADDRESS</u>	<u>CITY/STATE/ZIP</u>
_____	_____	_____
_____	_____	_____

Signature(s): _____

STATE OF MICHIGAN)
) SS
COUNTY OF ST JOSEPH)

On _____, before me, a Notary Public, personally appeared the above named person or persons, whose signature appears above and who executed the foregoing instrument.

NOTARY PUBLIC SIGNATURE

TYPE NAME: _____
NOTARY PUBLIC IN ST. JOSEPH COUNTY, MICHIGAN
MY COMMISSION EXPIRES: _____

THIS PORTION TO BE FILLED IN BY THE COUNTY CLERK

STATE OF MICHIGAN)
) SS
COUNTY OF ST JOSEPH)

I, Gina Everson, Clerk of St. Joseph County and the Circuit Court thereof, do hereby Certify that I have compared the foregoing copy of Certificate of Persons Conducting Business Under Assumed Name with the original on record in my office, and that the same is a correct transcript therefrom, and of the whole of such original.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of Circuit Court this _____ day of _____, _____.

Gina Everson, St. Joseph County Clerk

By _____
Deputy County Clerk

Receipt # _____ File # _____