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

Filing Fee: $10.00

Lindsay Oswald St. Joseph County Clerk
PO Box 189
Centreville, Michigan 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

NAMES OF PERSON | RESIDENCE ADDRESS | CITY, STATE, ZIP

Signature: _____

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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 forgoing instrument.

_____

NOTARY PUBLIC SIGNATURE

TYPE NAME: _____

NOTARY PUBLIC IN ST. JOSEPH COUNTY MICHIGAN

MY COMMISSION EXPIRES: _____

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THIS PORTION TO BE FILLED IN BY THE COUNTY CLERK

STATE OF MICHIGAN)
) **SS**
COUNTY OF ST. JOSEPH)

I, Lindsay Oswald, 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 said Circuit Court this _____ day of _____

Lindsay Oswald, St. Joseph County Clerk

By _____
Deputy County Clerk

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Receipt # File # _____