

Discontinuance of Business Partners/Certificate

I HEREBY CERTIFY that I/We are conducting/transacting business under the name
(Anyone under eighteen must state age)

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Onondaga County, New York State was filed in the Onondaga County Clerk's office on:

Date: _____ Index Number: _____

Last Amended Date: _____ Index Number: _____

Discontinued on the _____ day of _____ 2013

Is hereby discontinued for reason of:

FULL NAME
(If deceased state "Deceased")

ADDRESS

IN WITNESS WHEREOF, I have this _____ day of _____ 2013, made and signed this certificate.

STATE OF NEW YORK
COUNTY OF ONONDAGA

On this _____ day of _____ 2013, before me personally appeared

_____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

(Signature of County Clerk Employee taking acknowledgment)