

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

Filing Fee \$10.00

PATTIE S. BENDER, ST. JOSEPH COUNTY CLERK
PO BOX 189
CENTREVILLE, MICHIGAN 49032

STATE OF MICHIGAN)
) SS
COUNTY OF _____)

Notice is hereby given that the co-partnership or business heretofore conducted under the assumed name of _____

located at _____ has been dissolved

and filed by _____ is no longer engaged in business.

Dated _____,

FULL NAME OF CO-PARTNERS OR MEMBERS OF BUSINESS

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

On this _____ day of _____ A.D. _____, before me, the subscriber (s), personally appeared

to me personally known to be the same person (s) described in and who executed the foregoing instrument, and ___he___ acknowledged to me that ___he___ executed the same.

Notary Public

Typed name of Notary Public

St. Joseph County, Michigan

My commission expires _____

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

This Notice of Dissolution of Co-partnership or Business under Assumed Name is indexed and filed this _____ day of

_____ A.D. _____.

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

PATTIE S. BENDER, ST. JOSEPH COUNTY CLERK

BY: _____
DEPUTY COUNTY CLERK

RECEIPT # _____

FILE # _____