



Certificate of Discontinuance of Business for Partners

Pursuant to Section 130 of the General Business Law of the State of New York:

THE UNDERSIGNED DO HEREBY CERTIFY that they have conducted or transacted business in Chenango County under the name or designation and at the address of:

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____,

in the County of Chenango, State of New York.

The original certificate of conducting business under an assumed name was filed in the office of the Chenango County Clerk on:

Date of Original Filing: _____ **Index Number of Original Filing:** _____

Last Amended Date: _____ **Index Number of Last Amendment:** _____

WE FURTHER CERTIFY that the filing of a certificate in Chenango County is no longer required because said business was discontinued on _____ or that the conditions under which the business was conducted have changed so the filing of a certificate in said County is no longer required for the following reason:

(insert date)

DO NOT COMPLETE BELOW THIS LINE UNTIL IN THE PRESENCE OF A NOTARY

We, therefore, desire to file this certificate of discontinuance.

IN WITNESS WHEREOF, we have on this _____ day of _____, 20____, made and signed this certificate.

STATE OF NEW YORK

COUNTY OF CHENANGO

ss.:

On this _____ day of _____, 20____, before me, the undersigned, 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 signatures(s) on the instrument, the individuals(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

STATE OF NEW YORK

COUNTY OF CHENANGO

ss.:

On this _____ day of _____, 20____, before me, the undersigned, 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 signatures(s) on the instrument, the individuals(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

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Notary Public