Dissolution of Co-Partnership or Business under Assumed Name

Meredith Place **| KALAMAZOO COUNTY CLERK & REGISTER OF DEEDS**

PHONE: (269) 383-8840 | EMAIL: DBACPFILING@KALCOUNTY.GOV |$22.00 FILING FEE

THE UNDERSIGNED hereby certifies, the discontinuance of the following business conducted under an assumed name or co-partnership and further certifies that it is no longer engaged in business:

NAME OF BUSINESS _____

ADDRESS OF BUSINESS: _____

DATE BUSINESS WAS DISSOLVED: _____ PHONE: _____

Signature of Person(s) Conducting Business under an Assumed Name or Co-Partner(s)*	**Printed Name**

*Please Note: All owners of an assumed name must sign the certificate before a Deputy County Clerk or Notary Public. Only one Co-Partner is required to sign the certificate before a Deputy County Clerk or Notary Public.

Subscribed and sworn to by _____ before me on _____

_____
Deputy Clerk / Notary Public Signature

Print Name: _____
State of Michigan, County of _____
My Commission Expires: _____
Acting in the County of: _____

DO NOT WRITE BENEATH THIS LINE

State of Michigan, County of Kalamazoo} ss

I, Meredith Place, Clerk of the County of Kalamazoo and of the Circuit Court thereof, do hereby certify that I have compared the above copy with the original of record filed in my Office, and that it is a true copy thereof.

In Testimony Whereof, I have hereunto set my hand and have affixed the seal of said Circuit Court on _____,

Meredith Place, Kalamazoo County Clerk

By: _____ Deputy County Clerk