

CERTIFICATE OF DISCONTINUANCE FOR PARTNERS

OFFICE OF THE ESSEX COUNTY CLERK
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(518) 873-3600

CHELSEA M. MERRIHEW
ESSEX COUNTY CLERK

THE UNDERSIGNED HEREBY CERTIFY that they have conducted business under the name or designation of _____

at (address) _____

County of Essex, State of New York and that a certificate of conducting business under an assumed name was filed in the Office of the County Clerk, County of Essex, State of New York on (date) _____ under index number _____ and that the last amended certificate was filed on (date) _____ in the office of the said County Clerk under index number _____; and I hereby further certify that the filing of a certificate in the said County is no longer required for the reason that the business was discontinued on (date) _____ or the conditions under which the business is conducted have changed so that the filing of a certificate in said County is no longer required for the reason that:

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

IN WITNESS WHEREOF, we have signed this certificate on (date) _____.

State of New York
County of Essex ss:

On _____ before me, the undersigned, personally appeared _____

_____ personally known to me or proved to me on the basis of satisfactory evidence to be the individuals whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their capacities, and that by their signatures on the instrument, the individuals executed the instrument.

Signature and office of individual taking acknowledgment