Filing Fee $10.00

No. _____

Certificate of Discontinuance of Business Under an Assumed Name

STATE OF MICHIGAN
COUNTY OF OAKLAND

The undersigned, do(es) hereby certify that the operation of said business, heretofore conducted under the Assumed Name of _____

at _____

in the County of _____, State of Michigan has been discontinued.

SIGNATURES OF ALL PERSONS CONDUCTING BUSINESS:

Dated _____

_____

_____

_____

_____

_____

STATE OF MICHIGAN

COUNTY OF OAKLAND

Acknowledged by _____ before me on
(applicant name or names)
the ____ day of _____, _____.

_____
(notary signature)

Notary Public, State of Michigan _____ County, Michigan

My commission expires _____

STATE OF MICHIGAN

COUNTY OF OAKLAND

I, LISA BROWN, County Clerk/Register of Deeds, do hereby certify that I have compared the foregoing certificate with the original and that it is a true and correct copy of the whole of such original certificate.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Oakland County Clerk, at Pontiac, this _____ day of _____, A.D. 20____ .

LISA BROWN, County Clerk/Register of Deeds

By: _____

Deputy Clerk