Certificate of Discontinuance of Business

THE UNDERSIGNED DO HEREBY CERTIFY that they have conducted or transacted business under the name or designation of: Business Name: City: \_\_\_\_\_ State: \_\_\_\_ Zip: Broome County, New York State The original certificate of conducting business under an assumed name was filed in the office of the Broome County Clerk, Broome County, New York on: Index Number of Original Filing: \_\_\_\_\_ Date of Original Filing: **Last Amended Date: Index Number of last amendment:** I hereby further certify that the filing of a certificate in Broome County is no longer required for the reason that the said business was or the conditions under which the business is conducted have changed so that (date) discontinued on \_\_\_\_\_ the filing of a certificate in Broome County is no longer required for the following reason: The full names of all persons named in the original certificate or the amended certificate last filed as persons conducting the business as partners are as follows: Name (Write "Deceased" after names of those not living) Residence 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 this day of , 20 made and signed this certificate. STATE OF NEW YORK: COUNTY OF BROOME: On this \_\_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, before me, the undersigned personally appeared , personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature and Office of Individual taking acknowledgement - Notary Public

STATE OF NE	W YORK:			
COUNTY OF I	: ss.: BROOME :			
On this	day of	, year	, before me, the undersigned personally appeared	me or
acknowledged 1	to me that he/she/they execu	ited the same in his/her/th	, personally known to all whose name is subscribed to the within instrument and eir capacity and that by his/her/their signature on the insted, executed the instrument.	l trument
Signature and Office	ee of Individual taking acknowledg	gement - Notary Public		
STATE OF NE				
COUNTY OF I	: ss.: BROOME :			
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Signature and Office	ee of Individual taking acknowledg	gement - Notary Public		
STATE OF NE	W YORK : : ss.:			
COUNTY OF I	BROOME :			
			, before me, the undersigned personally appeared, personally known to	me or
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Signature and Office	ee of Individual taking acknowledg	rement - Notary Public		
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