Joseph A. Mihalko, County Clerk

Business Certificate for Partners

THE UNDERSIGNED DO HEREBY CERTIFY that they are conducting or transacting business as members of a partnership under the name or designation of:

Business Name:				
Address:				
City: in the County of Broome, State				Zip:
The full names and residence a persons who are infants are as		ersons conducting t	he business, includir	ng all partners, and the ages of any such
Name (Specify which are infa	ants and state ages)	Reside	nce	
		_		
WE DO FURTHER CERTII	Y that we are succes	ssors in interest to:	(Name of previ	ious business and owner, if applicable)
DO NOT COMB	LETE DEL OW			DECENICE OF A NOTADY
				made and signed this certificate.
STATE OF NEW YORK:				
: ss COUNTY OF BROOME :	s.:			
On this day	of	, year _	, before	me, the undersigned personally appeared to me or proved to me on the basis of
satisfactory evidence to be the	individual whose nate in individual whose nate in individual who is individual in individual whose nate individual whose individual whose nate individual whose nate individual whose nate individual whose nate individual whose individua	me is subscribed to by his/her/they sig	the within instrume	ent and acknowledged to me that he/she ment, the individual, or the person upon
Signature and Office of Individual tak	ing acknowledgement - No	otary Public		

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