Date filed: _____

File Number: _____

Notice of Dissolution of Co-Partnership or Business under Assumed Name

STATE of MICHIGAN)
) SS
COUNTY of JACKSON)

Notice is hereby given that the co-partnership or business heretofore conducted under the assumed name of

_____located at

_____
has been dissolved and is no longer engaged in business.

Dated:_____

Full Names & Signatures of Members of Business or Co-Partnership:

(PRINT FULL NAME) (SIGNATURE)

_____ _____

_____ _____

_____ _____

_____ _____

STATE OF MICHIGAN)
) SS
COUNTY OF JACKSON)

On this _____ day of _____, 20_____, before me personally appeared

_____
known to be the same person(s) described in and who executed the foregoing instrument and he/she/they acknowledged to me that he/she/they executed the same.

My Commission Expires:_____ _____
Jackson County, Michigan Notary Public