

**CERTIFICATE OF DISSOLUTION
OF BUSINESS UNDER ASSUMED NAME
OR CO-PARTNERSHIP**

Filing Fee : \$10.00 - Payable to Wexford County Clerk, PO Box 490, Cadillac MI 49601

Certificate # _____

STATE OF MICHIGAN, COUNTY OF WEXFORD) ss

THE UNDERSIGNED do hereby certify that the assumed name or co-partnership business listed below conducted business in Wexford County has discontinued.

Name of Business: _____

Address of Business: _____

(Complete Mailing Address - including PO Box)

Signed this _____, day of _____, 20__.

State of Michigan)
County of Wexford) ss.

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

_____ who being duly sworn, deposes and says that they are the persons heretofore conducting said business, and executed the foregoing certificate.

Subscribed and sworn before me on the _____, day of _____ 20__

Name of Notary _____

Notary Public, State of Michigan, County Wexford

My commission expires _____

Signature of Notary Public

For Office Use Only

I, Elaine L. Richardson, Clerk of Wexford County and of the Circuit Court thereof, do hereby certify that I have compared the foregoing Dissolution Certificate of Business with the original certificate filed in my office and that is a true copy thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court this _____ day of _____, 20__. Elaine L. Richardson, County Clerk
by: _____, Deputy Clerk.