

# *Discontinuance of Business Partners/Certificate*

I HEREBY CERTIFY that I/We are conducting/transacting business under the name  
(Anyone under eighteen must state age)

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Onondaga County, New York State was filed in the Onondaga County Clerk's office on:

Date: \_\_\_\_\_ Index Number: \_\_\_\_\_

Last Amended Date: \_\_\_\_\_ Index Number: \_\_\_\_\_

Discontinued on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Is hereby discontinued for reason of:

FULL NAME  
(If deceased state "Deceased")

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IN WITNESS WHEREOF, I have this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, made and signed this certificate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF ONONDAGA

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me personally appeared

\_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Signature and Office of individual taking acknowledgment)