Discontinuance of Business Partners/Certificate

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

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			BUSINESS NAME:
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 ADDRESS			ADDRESS:
Date: Index Number: Last Amended Date: Index Number: Discontinued on the day of 20 Is hereby discontinued for reason of: FULL NAME ADDRESS			
Last Amended Date: Index Number: Discontinued on the day of 20 Is hereby discontinued for reason of: FULL NAME ADDRESS	filed in the Onondaga County Clerk's office on:	k State was filed in th	Onondaga County, New Yo
Discontinued on the day of 20 Is hereby discontinued for reason of: FULL NAME ADDRESS	Index Number:		Date:
Is hereby discontinued for reason of: FULL NAME ADDRESS	Index Number:		Last Amended Date:
FULL NAME ADDRESS	20	day of	Discontinued on the
		eason of:	s hereby discontinued for
	ADDRESS	Deceased'')	
IN WITNESS WHEREOF, I have this day of 20, made and signed this certificate.	day of 20, made and signed this certificat	have this day	IN WITNESS WHEREOF, —
STATE OF NEW YORK COUNTY OF ONONDAGA			
On this day of 20, before me personally appeared	day of 20, before me personally appeared	this day of	
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is 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 wh the individual(s) acted, executed the instrument.	acknowledged to me that he/she/they executed the same in his/her gnature(s) on the instrument, the individual(s), or the person on b	rument and acknowle /her/their signature(s	subscribed to the within inscapacity(ies), and that by h

(Signature and Office of individual taking acknowledgment)