



CERTIFICATE OF DISCONTINUANCE OF BUSINESS AS PARTNERS

Essex County Clerk's Office
7559 Court St PO Box 247
Elizabethtown, NY 12932
(518) 873-3601
Joseph A. Provoncha
Essex County Clerk

The undersigned do hereby certify that they have conducted or transacted business as partners under the name or designation of _____ at _____ County of _____, State of New York and that a certificate of conducting business as partners was filed in the Office of the County Clerk, County of _____, State of New York, on the _____ day of _____, _____ under the index number _____ and that the last amended certificate was filed on the _____ day of _____, _____ in the office of the said County Clerk under index number _____ and we hereby further certify that the filing of a certificate in said County is no longer required for the reason that the said business was discontinued on the _____ day of _____, _____ or the conditions under which the business is conducted have changed so that the filing of a certificate in said County is no longer required for the reason that _____

The full names of all the persons named in the original certificate or the amended certificate last previously filed as persons conducting or transacting business as partners are as follows:

NAME (Write "Deceased" after names of those not living)

RESIDENCE

<u>NAME</u> (Write "Deceased" after names of those not living)	<u>RESIDENCE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

We therefore desire to file this certificate of discontinuance.

IN WITNESS WHEREOF, We have this _____ day of _____, _____ made and signed this certificate.

State of New York
County of Essex

On _____ before me, the undersigned, personally appeared _____

Personally known to me or proved to me on the basis of satisfactory evidence to be the individuals whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their capacities, and that by their signatures on the instrument, the individuals executed the instrument.

Signature and office of individual taking acknowledgement