

NOTICE OF DISSOLUTION OF CO-PARTNERSHIP OR BUSINESS UNDER ASSUMED NAME (960)

FILE NO. _____

STATE OF MICHIGAN, COUNTY OF INGHAM) ss.

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 _____

SIGNATURES OF FULL NAMES OF CO-PARTNERS OR MEMBERS OF BUSINESS

_____ Phone Number _____

_____ Phone Number _____

_____ Phone Number _____

STATE OF MICHIGAN, COUNTY OF INGHAM) ss.

ON THIS _____ DAY OF _____ A.D. _____,
BEFORE ME, THE SUBSCRIBER _____, PERSONALLY APPEARED

PERSONALLY KNOWN TO BE THE SAME PERSON _____ DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND _____ ACKNOWLEDGED TO ME THAT _____ EXECUTED THE SAME.

NOTARY PUBLIC,

ACTING IN _____ COUNTY, MICHIGAN
_____ COUNTY
MY COMMISSION EXPIRES _____