

Notice of Dissolution of Co-partnership or Business under Assumed Name

STATE OF MICHIGAN, } ss.
COUNTY OF MONTCALM }

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.....

Full Names of Co-partners or Members of Business

.....
.....
.....
.....

STATE OF MICHIGAN, } ss.
COUNTY OF..... } On this..... day of.....

A. D. 19....., before me, the subscriber...., personally appeared.....
.....to me
personally known to be the same person...described in and who executed the foregoing instrument, and
.....he.....acknowledged to me that.....he.....executed the same.

.....
Notary Public,
.....County, Michigan.

My commission expires.....