

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

STATE OF MICHIGAN. }
 } SS.
COUNTY OF MIDLAND }

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 and Signatures of Co-partners or Members of Business

STATE OF MICHIGAN. }
 } SS.
COUNTY OF MIDLAND } On this _____ day of _____

A. D. 20____, 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_____