

Certificate of Discontinuance of Business

The name of my business is/or was:

The complete mailing address for my business is/or was:

_____ (actual street or road, no PO Box)

_____ (city or town, state & zip code)

- This business name was filed in New York State in the Steuben County Clerk's Office on:

_____ month _____ day _____ year

- The file number is: _____

- This name is being discontinued because: _____

The date that I discontinued using this business name is or was :

_____ month _____ day _____ year

Today's Date _____

Sign Here _____

Have Notary fill this out

State of New York } ss.:
COUNTY OF STEUBEN }

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared

_____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) 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 upon behalf of which the individual(s) acted, executed the instrument.

(signature and office of individual taking acknowledgment)