

NOTICE OF DISSOLUTION OF CO-PARTNERSHIP OR BUSINESS UNDER ASSUMED NAME

STATE OF MICHIGAN
COUNTY OF ALPENA

FILE NO. _____
EXPIRATION DATE _____

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

Signatures of all persons listed

acknowledged before a Notary Public.

STATE OF MICHIGAN
COUNTY OF ALPENA

Subscribed and sworn to before this _____ day of _____ A.D. 20____
by all persons listed above.

SIGNATURE _____

PRINT _____

Notary Public, Alpena County, Michigan

My Commission Expires