CLEAR FORM

STATE OF MICHIGAN)
COUNTY OF CLINTON)

FILING FEE: $10.00
NOTARIZATION FEE: $3.00 (IF APPLICABLE)

FILE NO:

NOTICE OF DISSOLUTION OF BUSINESS UNDER ASSUMED NAME

STATE OF MICHIGAN)
)SS
COUNTY OF CLINTON)

Notice is hereby given that the business conducted under the assumed name of:

_____
(NAME AND ADDRESS OF BUSINESS)

has been dissolved and is no longer in business.

DATED:_____

FULL NAMES & SIGNATURES OF MEMBERS OF BUSINESS

_____

_____

_____

STATE OF MICHIGAN)
)SS
COUNTY OF CLINTON)

On this _____ day of _____, _____, before me, 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:_____

(This portion to be filled in only by the County Clerk)

DATE FILED_____ CLERK_____

STATE OF MICHIGAN)
COUNTY OF CLINTON) I, DIANE ZUKER, Clerk of the Circuit Court for said County, do hereby certify that the foregoing is a certified copy of the record now remaining in the office of the Clerk of said County and Court.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, on _____, 20_____

DIANE ZUKER, CLINTON COUNTY CLERK

BY_____
Deputy County Clerk