

**STATE OF MICHIGAN  
COUNTY OF ALPENA**



**FILE NO:  
DATE EXPIRES:**

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

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 a business.

Date Dissolved: \_\_\_\_\_

Full Names of Co-Partners or Members of Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures of all persons listed  
acknowledged before a Notary Public.

**STATE OF MICHIGAN)** Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
**COUNTY OF ALPENA)** by all persons listed above.

\_\_\_\_\_  
Type, print or stamp notary's name

\_\_\_\_\_  
Notary Public, Alpena County, State of Michigan

My Commission Expires: \_\_\_\_\_