

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)
COUNTY OF ALPENA)

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

Type, print or stamp notary's name

Notary Public, Alpena County, State of Michigan

My Commission Expires: _____