

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

FILE NO. \_\_\_\_\_

STATE OF MICHIGAN) ss.  
COUNTY OF ISABELLA) ss.

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

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

STATE OF MICHIGAN )ss.  
COUNTY OF ISABELLA) ss.

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A. D. \_\_\_\_\_ BEFORE ME,

\_\_\_\_\_  
PERSONALLY APPEARED, KNOWN TO BE THE SAME PERSON(S) AS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND \_\_HE\_\_ ACKNOWLEDGED TO ME THAT \_\_HE\_\_ EXECUTED THE SAME.

\_\_\_\_\_  
NOTARY PUBLIC