



COUNTY OF NEWAYGO
 LAUREL J BREUKER
 NEWAYGO COUNTY CLERK
 1087 NEWELL ST, PO BOX 885
 WHITE CLOUD MI 49349

This form may be filled in on screen and then printed out to send through the mail. Start by clicking on the first line for the Assumed Name and then TAB to the next information fields.

FILING FEE \$10.00

Notice of Discontinuance of Operation of Assumed Name or Partnership Certificate

State of Michigan)
 County of Newaygo)

Notice is hereby given that the business heretofore conducted under the assumed name of _____ located at _____ has been discontinued and is no longer engaged in business in this county.

Dated _____

Full Names of Persons Conducting Business

(Signature) _____
 (Signature) _____
 (Signature) _____
 (Signature) _____

State of Michigan)
 County of Newaygo)

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

(SIGNATURE) _____
 (PRINT) _____

Notary Public, Newaygo County, Michigan
 Acting in the County of _____

My Commission expires: _____

STATE OF MICHIGAN
 COUNTY OF NEWAYGO

I, LAUREL J. BREUKER, Clerk of the County of Newaygo and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original of record in my office, and that the same is a correct transcript therefrom, and of the whole of such original.
 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, at the City of White Cloud, this _____ day of _____ A.D. 20____.

By: _____ County Clerk