

**WITHDRAWAL OF ASSUMED NAME FOR SOLE PROPRIETORSHIP,
PARTNERSHIP, LIMITED PARTNERSHIP**

1. The assumed name being withdrawn is:

2. This business is a (check one):

____ Sole Proprietorship ____ Partnership ____ Limited Partnership

3. The certificate of assumed name was originally filed in _____ County on the _____ day of _____, 20____.

3. The effective date of the withdrawal is the _____ day of _____, 20____.

4. The following owners have ceased engaging in business under the aforementioned assumed name (give the name and address of each owner):

In witness whereof, this certificate is signed by each of the owners of said business, this _____ day of _____, 20____.

State of _____

County of _____

I, _____, a Notary Public, do hereby certify that on this ____ day of _____, 20____, _____

(name/title) personally appeared before me and acknowledged the execution of the foregoing instrument for the purpose therein expressed.

Witness my hand and official seal, this the _____ day of _____, 20____.

Notary Public

(Affix Notary Seal)

My Commission Expires: _____