

**CERTIFICATE OF DISSOLUTION OF
CO-PARTNERSHIP OR
SOLE PROPRIETORSHIP**

Filing Fee: \$10.00

CARMELLA SABAUGH
Macomb County Clerk
Attn: Business Registrations
40 North Main Street, 1st Floor
Mount Clemens, MI 48043

Original DBA File No. _____

THE UNDERSIGNED, being one of the members of the Co-Partnership/Sole Proprietorship does hereby certify that the co-partnership/sole proprietorship heretofore conducting business under the below name has been discontinued.

Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Dated: _____

MUST BE SIGNED BEFORE A NOTARY PUBLIC

STATE OF MICHIGAN
COUNTY OF MACOMB

On this _____ day of _____, 20_____, before me personally appeared

who being duly sworn, deposes and says that he/she is a member of the aforesaid Co-Partnership/Sole Proprietorship and is duly authorized to execute this Certificate of Discontinuance.

Signature: _____

Print: _____

Notary Public
State of Michigan, County of Macomb
My Commission expires: _____