

Certificate No: _____

File Date: _____

**NOTICE OF DISSOLUTION OF SOLE PROPRIETORSHIP OR
CO-PARTNERSHIP
ANGIE WATERS-ST. CLAIR COUNTY CLERK
FILING FEE \$10.00**

STATE OF MICHIGAN

COUNTY OF ST. CLAIR

Notice is hereby given that the co-partnership or business heretofore conducted under the name and address of:

Name of Business(Please print): _____

Address of Business: _____

City, State, Zip: _____

Has been dissolved and is no longer engaged in business.

SIGNATURE OF CO-PARTNERS OR MEMBER OF BUSINESS

Print Name

Print Name

Signature

Signature

**STATE OF MICHIGAN
COUNTY OF ST. CLAIR**

On this _____ day of _____, A.D. 20____, the above signer(s) personally appeared before me and identified themselves and acknowledged that they freely and personally signed the above notice.

(Notary Public Signature) _____

(Printed Name) _____ Notary Public, _____ County, Michigan.

My commission Expires: _____