

**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 The assumed name being withdrawn is: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_____.

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

5. 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 acknowledge the execution of the foregoing instrument for the
purpose therein expressed.

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

Notary Public
My Commission Expires: _____

(Affix Notary Seal)