

Notice of Dissolution of Co-partnership or Business under Assumed Name

STATE OF MICHIGAN. }
COUNTY OF Missaukee } SS.

Notice is hereby given that the co-partnership or business heretofore conducted under the assumed
name of _____
located at _____
has been dissolved and is no longer engaged in business.

Dated _____

Full Names of Co-partners or Members of Business

STATE OF MICHIGAN. }
COUNTY OF Missaukee } SS. On this _____ day of _____

A.D. 2009, before me, the subscriber _____, personally appeared _____
_____ to me
_____ personally known to be the same person _____ described in and who executed the foregoing instrument,
and _____ he _____ acknowledged to me that _____ he _____ executed the same.

Notary Public,
_____ County, Michigan

My commission expires _____