

Tioga County Clerk 16 Court Street, PO Box 307 Owego, NY 13827 Phone 607-687-8660

CERTIFICATE OF DISCONTINUANCE OF BUSINESS AS PARTNERS

THE UNDERSIGNED DO HEREBY CERTIFY that they have conducted or transacted business as partners under the name or designation of

(Business Name – Print)

Located at _____

(Business Street Address, Town, State & Zip - no PO Box – Print) in the County of Tioga, State of New York, and that a Certificate of conducting business as partners under an assumed name was filed in the office of the Tioga County Clerk, County of Tioga, State of New York on _______, under index number _______; and we hereby further certify that the filing of a certificate in said County is no longer required for the reason that the said business was discontinued on ________ or the conditions under which the business is conducted have changed so that the filing of a certificate in said Tioga County is no longer required for the reason that

The full names of all the persons named in the original certificate as persons conducting or transacting the business or as partners are as follows:

Printed Full Name (& if infant, age)	Printed Address
IN WITNESS WHEREOF, We have this _	Day of , 20
Made and Signed this Certificate	
	X
STATE OF)COUNTY OF)S	S:
appeared	, 20 before me, the undersigned personally

Personally know to me or proved to me the basis of satisfactory evidence to be the individual whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her/their capacity(ies), and that by his/her/their signature(s), or the person upon which the individual(s) acted, executed the instrument.

(Notary Public)

		X	
STATE OF COUNTY OF)	SS:	
On this day of			_ before me, the undersigned personally
name(s) is (are) subscribe	d to the within in capacity(ies), an	nstrument, and d that by his/h	factory evidence to be the individual whose acknowledged to me that he/she executed er/their signature(s), or the person upon
			(Notary Public)
		X	

STATE OF COUNTY OF))	SS:	
On this	_ day of		, 20	_ before me, the undersigned personally
appeared				

Personally know to me or proved to me the basis of satisfactory evidence to be the individual whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her/their capacity(ies), and that by his/her/their signature(s), or the person upon which the individual(s) acted, executed the instrument.

		(Notary Public)
		X
STATE OF COUNTY OF)	SS:
On this day of appeared		, 20 before me, the undersigned personally

Personally know to me or proved to me the basis of satisfactory evidence to be the individual whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her/their capacity(ies), and that by his/her/their signature(s), or the person upon which the individual(s) acted, executed the instrument.

(Notary Public)