

Certificate of discontinuance Business as Partners

Greene County Clerk
Marilyn Farrell
411 Main Street, Suite 202
Catskill, NY 12414

The undersigned do hereby certify that they have conducted or transacted business as partners in the State of New York within the County of Greene under the name or designation.

Business Name: _____

Business Address: _____

City State Zip Town

in the County of Greene, State of New York and that a certificate of conducting business as partners was filed in the office of the County Clerk, County of Greene, State of New York on the _____ day of _____, 20____; under index number _____ and we hereby further certify that the last amended certificate [# _____] was filed on the _____ day of _____, 20____ in the office of the said County Clerk; 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 the _____ day of _____, 20____ or the conditions under which the business is conducted have changed so that the filing of a certificate in said County is no longer required for the reason that: _____

The full names and residence addresses of all the persons named in the original certificate or the amended certificate last previously filed as persons conducting or transacting the business or as partners are as follows:

NAME (write "Deceased" after names of those not living)	RESIDENCE

We therefore desire to file this certificate of discontinuance.

IN WITNESS WHEREOF, We have signed this certificate on the _____ day of _____ in the year _____.

Signature

Signature

Signature

Acknowledgment in New York State (RPL 309-a) _____

STATE OF NEW YORK) Signature

COUNTY OF _____) ss.:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies) and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public