

\$10.00 Filing Fee

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**NOTICE OF DISSOLUTION OF CO-PARTNERSHIP OR BUSINESS UNDER ASSUMED NAME
COUNTY OF OSCODA OFFICE OF COUNTY CLERK**

**STATE OF MICHIGAN
COUNTY of OSCODA**

Notice is hereby given that the co-partnership or business heretofore conducted under the assumed

Name of Business: _____

Address of Business: _____

has been dissolved and is no longer engaged in business.

Date: _____

Name(s)

Signatures

**STATE OF MICHIGAN
COUNTY of OSCODA**

On _____, 20____, before me, a Notary Public, personally appeared the above named person/persons, whose signatures appear above, and who executed the foregoing instrument, and he/she/they acknowledged to me the he/she/they executed the same, and that they are all of the persons now owning, conducting and transacting or who intend to own, conduct and transact the business under the above name, style and designation.

Notary Public

County, _____

My commission expires _____, 20____