Certificate of Discontinuance of Business

The undersigned hereby certify that I have conducted or transacted business under the name of:

at this location:		
The original certificate was filed in the office o		
on: in the office of said County	y Clerk ι	nder index number And I
hereby certify that the filing of a certificate in sai	id 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 f	filing of a	certificate in said County is no longer required
for the reason that :		
I therefore desire to file this certificate of discontinu	uance.	
In Witness whereof, I have this dateall must sign):		made and signed this certificate (if partners –
(print name)	_	(signature)
(print name)		(signature)
(print name)	_	(signature)
State of New York County of Oneida		(Signature)
On the day of in t	the year_	
(Notary or Commissioner of Deeds signature)		
Before me the undersigned, a Notary Public/Commissioner of Dee	ds in and fo	r said State, personally appeared, personally known to me, or

Before me the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared, personally known to me, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to be within instrument and acknowledge 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 person upon behalf of which the individual(s) acted, executed the instrument.

updated 6/05 se only

For county use only (bar code label)