

COUNTY OF LIVINGSTON
Office of the County Clerk
200 E. Grand River Ave
Howell, MI 48843
(517) 546-0500

File Number:

Date Filed:

Date Discontinuance:

CERTIFICATE OF COPARTNERSHIP

DISCONTINUANCE

Pursuant to Act 164 of 1913, as amended, the undersigned, being one of the members of such copartnership, does hereby certify that the copartnership intends to discontinue the operation of the business, in the County of Livingston, State of Michigan, under the firm name and style set forth below.

1. Name of Business:
2. Physical Address of Business:
3. Name and Residential Address of each Copartner:

Name	Residential Address (Street, City, State, Zip)
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4. SIGNATURE OF COPARTNER:

_____, one of the copartners of the above named business, who being duly sworn, deposes and says that he/she is a member of the aforesaid copartnership and is duly authorized to execute this Certificate of Discontinuance.

(Certifying Partner Signature) _____

STATE OF MICHIGAN }
COUNTY OF LIVINGSTON } §

Subscribed and sworn to before me on _____, 20____ by the person listed above.

Print notary's name

Notary Public, State of Michigan, County of Livingston

My commission expires: _____

Acting in the County of: _____

STATE OF MICHIGAN }
COUNTY OF LIVINGSTON } §

I, **ELIZABETH HUNDLEY**, Clerk of the County of Livingston and of the Circuit Court thereof, do hereby certify that I have compared the within copy of Certificate with the original on record in my office, and that the above is a true and complete copy of the original. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, this _____ day of _____, 20_____.

ELIZABETH HUNDLEY, Livingston County Clerk

By: _____
Deputy Clerk



Name of Business:

File Number: