

# NOTICE OF DISSOLUTION OF CO-PARTNERSHIP OR BUSINESS UNDER ASSUMED NAME

D.B.A. File No. \_\_\_\_\_  
Certificate Exp. \_\_\_\_\_  
Certificate Filed \_\_\_\_\_  
Dissolved \_\_\_\_\_

**STATE OF MICHIGAN  
COUNTY OF OCEANA**

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

\_\_\_\_\_ located at \_\_\_\_\_

has been dissolved and is no longer engaged in business.

Dated: \_\_\_\_\_

Full Names of Co-Partners or Members of Business

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

(Print) \_\_\_\_\_

**SIGNATURES OF ALL PERSONS LISTED ABOVE** (Signature) \_\_\_\_\_  
**Acknowledged before a NOTARY PUBLIC**

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Signature) \_\_\_\_\_

**STATE OF MICHIGAN**

Acknowledged by \_\_\_\_\_ before me on the \_\_\_\_\_

Signer(s) printed names

day of \_\_\_\_\_, 2020. by all persons listed above.

(Signature) \_\_\_\_\_

(Print) \_\_\_\_\_

Notary Public, State of Michigan, County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_