

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 _____, 2026. by all persons listed above.

(Signature) _____

(Print) _____

Notary Public, State of Michigan, County of _____

My Commission expires: _____