COUNTY OF ALCONA OFFICE OF COUNTY CLERK 106 5TH STREET, P.O. BOX 308 HARRISVILLE, MI 48740 (989) 724-9410

Filing Fee \$10.00)
D.B.A File #	
File Date	
Expiration Date	
-	

NOTICE OF DISSOLUTION BUSINESS UNDER ASSUMED NAME OR CO-PARTNERSHIP

Notice is hereby given, that the bu	usiness or co-partnershi	p conducted	I under the		
BUSINESS NAME					
LOCATED ATStreet		City	State	Zip	
		City	State	ΖΙΡ	
has been dissolved.					
SIGNATURES OF ALL PERSONS (Must be acknowledged before a Notal		TIFICATE			
Signature		Print name			
Signature		Print name			
Signature		Print name			
Signature		Print name			
STATE OF MICHIGAN COUNTY OF ALCONA		orn to before me thisday ofby all persons listed above.			
	(SIGNATURE)				
	(PRINT)				
	Notary Pub	olic, Alcona C	County, MI	Comm. Exp.	

THIS SECTION FOR COUNTY CLERK USE