County of Houghton

Office of the County Clerk

File No: _____

Original Certificate filed: _____

Discontinuance filed: _____

BUSINESS REGISTRATION CERTIFICATE

Notice of Discontinuance

Business Information

Business Name _____ Telephone No. _____

Business Principal Address _____ Business Mailing Address _____

City, State _____ Zip Code _____ City, State _____ Zip Code _____

Owner Information

Owner Name _____ Address (Residence or Principal Place of Business) _____

City, State _____ Zip Code _____

STATE OF MICHIGAN }
HOUGHTON COUNTY } ss.

THE UNDERSIGNED, hereby certifies that the assumed name concern identified in this document has ceased to conduct business in the County of Houghton, State of Michigan.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Affiant Signature _____ Notary Signature _____

Affiant Printed Name _____

Affiant Title _____