



MAUREEN REYNOLDS
COUNTY CLERK
CLERK OF SUPREME & COUNTY COURTS

320 N. TIOGA STREET
COURT HOUSE, ITHACA, NY 14850
TELEPHONE (607) 274-5431
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CERTIFICATE OF DISCONTINUANCE OF BUSINESS

I, HEREBY CERTIFY THAT I HAVE CONDUCTED OR TRANSACTED BUSINESS UNDER THE NAME OR DESIGNATION OF

_____ (BUSINESS NAME)

AT _____ (STREET ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP)

IN THE COUNTY OF TOMPKINS, STATE OF NEW YORK AND THAT A CERTIFICATE OF CONDUCTING BUSINESS UNDER AN ASSUMED NAME WAS FILED IN THE OFFICE OF THE COUNTY CLERK, COUNTY OF TOMPKINS, STATE OF NEW YORK, ON THE _____ DAY OF _____, 20____ UNDER INDEX NUMBER _____; AND I HEREBY FURTHER CERTIFY THAT THE FILING OF CERTIFICATE IN SAID COUNTY IS NO LONGER REQUIRED FOR THE REASON THAT THE SAID BUSINESS WAS DISCONTINUED ON THE _____ DAY OF _____, 20____ OR THE CONDITIONS UNDER WHICH THE BUSINESS IS CONDUCTED HAVE CHANGED SO THAT THE FILING OF A CERTIFICATE IN SAID COUNTY IS NO LONGER REQUIRED FOR THE REASON THAT:

I THEREFORE DESIRE TO FILE THIS CERTIFICATE OF DISCONTINUANCE.

IN WITNESS WHEREOF, I HAVE THIS _____ DAY OF _____, 20____, MADE AND SIGNED THIS CERTIFICATE.

STATE OF NEW YORK
COUNTY OF TOMPKINS

ON _____ BEFORE ME, THE UNDERSIGNED PERSONALLY APPEARED

PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE INDIVIDUAL(S) WHOSE NAME(S) IS (ARE) SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR CAPACITY(IES), AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT, THE INDIVIDUAL(S), OR THE PERSON UPON BEHALF OF WHICH THE INDIVIDUAL(S) ACTED, EXECUTED THE INSTRUMENT.

NOTARY PUBLIC