CERTIFICATE OF DISCONTINUANCE OF BUSINESS PARTNERS

Pursuant to **General Business Law § 130**, the undersigned do hereby certify that they have conducted or transacted business as partners under the assumed name _____ at _____ in the County of Suffolk, State of New York, and that a certificate of conducting business as partners was filed in the office of the County Clerk, County of Suffolk, on the _____ day of _____, _____; under file (#)_____ and that the last amended certificate under file [#_____] was filed on the _____ day of _____, _____ in the office of the said County Clerk; and we hereby further certify that the filing of a certificate in said County is no longer required for the reason that the said business was discontinued on the _____ day of _____, _____ 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:

_____

_____

_____

The full names of all the persons named in the original certificate or the amended certificate last previously filed as persons conducting or transacting the business or as partners are as follow *[write "Deceased" after names of those not living]*:

_____ _____

_____ _____

_____ _____

_____ _____

We therefore desire to file this certificate of discontinuance.

IN WITNESS WHEREOF, we have signed this certificate on the_____day of_____, _____

_____

_____

_____

_____

[Signature]

Acknowledgment in New York State (RPL § 309 -a)

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the _____ day of _____ in the year _____ 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

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