

CERTIFICATE OF DISSOLUTION OF TRADE NAME

By Individual/Sole Proprietor or Partnership

Certificate to be filed by person(s) dissolving a business registered in the Commonwealth of Virginia under an assumed or fictitious name.

I/we _____,

hereby certify that I/we dissolve the business of (enter name of business)

_____ which was located at: _____

_____ My/our Post Office address is: _____

_____ My/our Residence address is: _____

Type of Fictitious Name Recorded: Individual/Sole Proprietor: _____ Partnership: _____

This fictitious name was originally filed under instrument number; _____

Or Book#: _____, Page #: _____, on _____ day of _____, _____.

****ALL PARTNERS IN THE PARTNERSHIP MUST SIGN THIS DISSOLUTION OF BUSINESS NAME.**

Signature

Signature

Printed

Printed

Commonwealth of Virginia

County/City of _____ to wit:

I, the undersigned Deputy Clerk (Notary Public) in and for the Commonwealth and County aforesaid, do hereby certify that _____, whose name(s) is/are signed to the foregoing and hereunto annexed Certificate dated the _____ day of _____, has/have this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this _____ day of _____, _____.

Deputy Clerk (Notary Public)

My Commission Expires: _____

My registration number is: _____