

# Certificate of Discontinuance of Business As Partners

The undersigned to CERTIFY that they have conducted or transacted business as partners under the name or designation of \_\_\_\_\_ at \_\_\_\_\_ in the City, Town or Village of \_\_\_\_\_ County of Cayuga, State of New York and that a certificate of conducting business as partners was filed in the office of the Cayuga County Clerk, State of New York, on the \_\_\_\_\_ day of \_\_\_\_\_ under Index number \_\_\_\_\_ and that the last amended certificate was on the \_\_\_\_\_ day of \_\_\_\_\_ in the office of the said Cayuga County Clerk under index number \_\_\_\_\_; 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 follows:

NAME Write "deceased" after names of those not living:

Name	Address
_____	_____
_____	_____
_____	_____

We therefore desire to file this certificate of discontinuance.

In Witness Whereof, We have this \_\_\_\_\_ day of \_\_\_\_\_, made and signed this certificate. \_\_\_\_\_

State of New York, County of \_\_\_\_\_ SS: ACKNOWLEDGEMENT RPL309-a (Do not use outside New York State)

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.

\_\_\_\_\_  
(Signature and office of individual taking acknowledgement)