

# CERTIFICATE OF DISCONTINUANCE OF PARTNERSHIP

The undersigned do hereby certify that we have conducted or transacted business as partners under the name of:

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ ONEIDA  
(Street Address) (City) (State) (Zip Code) (County)

The certificate was filed in the **Oneida** County Clerk's Office, State of New York on \_\_\_\_\_ under Instrument Number \_\_\_\_\_ and last amended certificate was filed on \_\_\_\_\_.  
and I 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 \_\_\_\_\_.

or 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 following reason:

Name (write "Deceased" after name of those not living)

Residence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We therefore desire to file this certificate of discontinuance.

IN WITNESS WHEREOF, we have signed this certificate on \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

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 names(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 signatures(s) on the instrument, the individuals(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public