Notice of Dissolution of Co-Partnership or Business under Assumed Name

STATE OF MICHIGAN COUNTY OF MACKINAC) ss.)
assumed name of	longer engaged in business.
Dated:	
	Full Name of Co-Partners or Members of Business
STATE OF MICHIGAN COUNTY OF MACKINAC) ss.)
On thisday of	, 20,
the same person that describe to me thathe execu	, 20,
	Mackinac County, Michigan My Commission Funings
	My Commission Expires: