

Dissolution of \_\_\_\_\_  
**CERTIFICATE OF ASSUMED BUSINESS NAME**  
for persons (sole proprietorships, associations, or general partnerships)  
engaged in business under a name other than their own (DBA)

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

Kind of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

**NAMES & RESIDENCES OF MEMBERS OF BUSINESS:**

\_\_\_\_\_ Resides at \_\_\_\_\_

\_\_\_\_\_ Resides at \_\_\_\_\_

\_\_\_\_\_ Resides at \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Print Member's Name

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I hereby acknowledge \_\_\_\_\_, personally appeared before me a

Notary Public, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires \_\_\_\_\_

County of Residence \_\_\_\_\_

\_\_\_\_\_  
Notary Public – Signature

\_\_\_\_\_  
Notary Public - Printed Name

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law: \_\_\_\_\_ Print Name

This instrument was prepared by: \_\_\_\_\_