



DISSOLUTION OF TRADE NAME

State of New Jersey - County of Atlantic

This is to certify that: *(indicate personal names of ALL original filers on 1st line)*

was conducting a business under the trade name of: *indicate the name of dissolved business below:*

Former Business Address below

AND HAVING FILED A CERTIFICATE OF TRADE NAME IN THE OFFICE OF THE ATLANTIC COUNTY CLERK, HEREBY DESIRES TO DISSOLVE SAME, BY THE FILING OF THIS "STATEMENT OF TRADE NAME DISSOLUTION".

To the County Clerk; please cancel and discharge above record of trade name, filed under file number: _____ ~ on the date of: _____.

Indicate below the full names and residence addresses of ALL persons and/or members of such business or partnership who are on the original Trade Name Certificate. PLEASE PRINT NAME and RESIDENCE ADDRESS BELOW:

X
Business owner(s) sign above

Contact Phone Number

Any ADDITIONAL partners/owners on original document-sign below

**NOTARY PUBLIC ACKNOWLEDGEMENT SECTION:
ALL SIGNERS MUST BE ACKNOWLEDGED**

On this _____ day of _____ 2009

Personally appeared and signed this in my presence.

SIGNATURE OF NOTARY PUBLIC
Notary please place your stamp-seal-expiration-jurisdiction below