Craig A. Hayner County Clerk

Charles A. Foehser II
First Deputy County Clerk
Shauna M. Sutton
Deputy County Clerk



Saratoga County Clerk's Office

Saratoga County Municipal Center 40 McMaster Street, Ballston Spa, NY 12020 Telephone (518) 885-2213 FAX (518) 884-4726

CERTIFICATE OF DISCONTINUANCE OF BUSINESS

I/WE HEREBY CERTIFY that I / WE have conducted or transacted business under the name of:

| Otto I Double Address | | | | | Saratoga |
|--|--------------------------------|-------------------------|---------------------|-------------------------|-----------------|
| Original Business Address: | (Street Address) | (City) | (State) | (Zip Code) | (County) |
| was filed in the Saratoga County | Clerk's Office. State of New | York on | | under Instrumer | nt Number |
| was filed in the Saratoga County Clerk's Office, State of New York onand last amended certificate was filed on | | | | under Instrument Number | |
| | | | | | |
| and I / WE hereby further certify was discontinued on | | in said County is no | longer required fo | or the reason that t | he said busines |
| or conditions under which the b | usiness is conducted have char | nged so that the filing | of a certificate in | said County is no | longer required |
| I / WE therefore desire to file th | | | | | |
| IN WITNE | ESS WHEREOF, I / WE have | signed this certificate | on | • | |
| | | | | Signature | |
| | | | | Signature | |
| | | | | Signature | |
| STATE OF NEW YORK COUNTY OF SARATOGA | | | | | |
| Ont | pefore me, the undersigned per | sonally appeared | | | |
| | | (Name) | | | |
| personally known to me or prov to the within instrument and his/her/their signature(s) on the instrument. | acknowledged to me that he | /she/they executed th | ne same in his/he | er/their capacity(i | es), and that b |
| | | | Notary Pu | ublic | |