



OFFICE OF THE COUNTY CLERK

CRAIG A. HAYNER, COUNTY CLERK

518.885.2213

SARATOGACOUNTYNY.GOV

40 MC MASTER ST, BALLSTON SPA, NY 12020

CERTIFICATE OF DISCONTINUANCE OF PARTNERSHIP

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

Original Business Name: _____

Original Business Address: _____ Saratoga (County)

The certificate was filed in the Saratoga County Clerk's Office, State of New York on _____ under Instrument Number _____ and last amended certificate was filed on _____ under Instrument Number _____

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:

We therefore desire to file this certificate of discontinuance.

IN WITNESS WHEREOF, I / WE have signed this certificate on _____.

Signature

Signature

Signature

Signature

STATE OF NEW YORK
COUNTY OF SARATOGA

On _____ before me, the undersigned personally appeared
(Date)

(Name)

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(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 signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

