

CHAUTAUQUA COUNTY CLERK  
1 N. ERIE ST. MAYVILLE NY 14757  
716-753-4331



Discontinuance Certificate: BC \_\_\_\_\_

# CERTIFICATE OF DISCONTINUANCE OF BUSINESS PARTNERSHIP

**WE HEREBY CERTIFY THAT WE HAVE CONDUCTED OR TRANSACTED BUSINESS UNDER THE NAME OR DESIGNATION:**

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

Address of Business \_\_\_\_\_ City \_\_\_\_\_ State NY Zip code \_\_\_\_\_

CHAUTAUQUA ( ) \_\_\_\_\_  
County Telephone \_\_\_\_\_

CERTIFICATE INFORMATION: The following certificate(s) were filed with the Office of the County Clerk, Chautauqua County, New York

Certificate number: **BC** \_\_\_\_\_ Date Original was filed: \_\_\_\_\_

Last Amendment Date: \_\_\_\_\_ Amendment Certificate number: **BC** \_\_\_\_\_

**WE HEREBY FURTHER CERTIFY** THAT THE FILING OF A CERTIFICATE IN SAID COUNTY IS NO LONGER REQUIRED, EFFECTIVE THIS \_\_\_\_ DAY OF \_\_\_\_\_ IN THE YEAR 20\_\_ AS THE SAID BUSINESS WAS DISCONTINUED OR THE CONDITION UNDER WHICH THE BUSINESS IS CONDUCTED HAS CHANGED AND 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**, we have signed this certificate on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**STATE OF NEW YORK  
COUNTY OF CHAUTAUQUA**

On \_\_\_\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(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