



CERTIFICATE OF DISCONTINUANCE OF BUSINESS

Sylvia M. Rowan, County Clerk
Herkimer County Clerk's Office
109 Mary Street, Suite 1111
Herkimer, NY 13350-2923
(315) 867-1133, 1135, or 1596

THE UNDERSIGNED HEREBY CERTIFY:

That a certificate of doing business under the assumed name of:

For the conduct of business at the address of (street, city, state and zip code) _____

_____, County of Herkimer, State of New York was filed in the
Herkimer County Clerk's office on the ____ day of _____, 20____ under Instrument Number
_____ and the last amended business certificate was filed in the Herkimer County Clerk's
office on the ____ day of _____, 20____. Said certificate is no longer necessary because the
business for which the certificate was filed was discontinued on the ____ day of _____, 20____
or the conditions under which the business is conducted have changed so that the filing of a certificate in Herkimer
County is no longer required for the reason that: _____

I (we) therefore desire to file this certificate of discontinuance.

IN WITNESS WHEREOF, the undersigned have made and signed this certificate on the date shown.

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

State of New York)
County of Herkimer) ss.:

On this ____ day of _____, 20____ before me, the undersigned, personally appeared:

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.

**State of New York)
County of Herkimer) ss.:**

On this _____ day of _____, 20____ before me, the undersigned, personally appeared:

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.

(SIGNATURE AND OFFICE OF INDIVIDUAL TAKING ACKNOWLEDGMENT)

The filing of an amended assumed name certificate is pursuant to General Business Law Sec. 130. One Certificate form is provided by the County Clerk's Office at no charge. There is a \$1.00 per form charge, for additional forms. The Filing Fee is \$25. A certified copy of the original or most recent amended certificate shall be conspicuously displayed on the premises at each place in which the business for which the same was filed is conducted. The fee for a certified copy is \$5. There will be \$1.30 charge for additional photocopies (the bank may require to see proof of filing).

01/2018