

Certificate of Dissolution

The trade name being dissolved was:

The nature of said business was:

The place where the said business was conducted and transacted was:

The full name and residence or post office address of all persons connected with the said business as owner(s)

The said business has been dissolved and the said County Clerk is hereby authorized to file and record this certificate of dissolution.

The original document was filed on _____, 20 ____ File number _____.

DATE: _____

State of New Jersey :

Applicants Signature

SS

County of _____ :

_____, of full age, being
Duly sworn according to law, says that (he is), (she is), (they are) the person(s) named in the foregoing
certificate and that the statements contained there in are true.

Sworn to and subscribed before

me this _____ day of _____,

20 ____

Applicants Signature

Notary/Attorney

This certificate is being filed in accordance with the provisions set forth in the Revised Statutes 56:1-2 and 56:1-3 pertaining to the regulation of the use of business names.