

CERTIFICATE OF DISSOLUTION OF TRADE NAME
By Individual/Sole Proprietor or General Partnership

CERTIFICATE TO BE FILED BY PERSON(S) DISSOLVING A BUSINESS REGISTERED
IN THE COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME.

I/We _____, hereby certify that I/we dissolve the business of _____
Business owner(s) Fictitious Trade Name of Business

which was located at _____
Street Address, City, State Zip

My/our mailing address is: _____

My/our residence address is: _____

Type of Fictitious Name Recorded: _____
Select Business Type

This fictitious name was originally filed in Book # _____ Page # _____, on _____
DATE

****All Partners in a Partnership must sign this Dissolution of Business Name****

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietor/Partner 1

Partner 2

Partner 3

Partner 4

Commonwealth of Virginia
County of _____

Acknowledged, subscribed and sworn to before me this _____ day of _____, _____.

Notary Registration #: _____

Commission Expires: _____

[] Clerk/Deputy Clerk [] Notary Public

CLERK'S OFFICE

Filed in the Clerk's Office of the Madison County Circuit Court on the _____ day of _____, _____.
Leeta D. Louk, Clerk

By: _____
Deputy Clerk