Certificate of Dissolution of Trade Name
By Individual/Sole Proprietor or 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 _____,
(fictitious trade name of business)

which was located at _____
(Address) (City) (State) (Zip Code)

My/our Post Office address is: _____

_____

My/our Residence address is: _____

_____

Type of Fictitious Name Recorded: Individual/Sole Proprietor ___ ___ ___ Partnership___ ___

This fictitious name was originally filed in Book # _____, Page # _____, on the _____ day of _____, _____.

****ALL PARTNERS IN THE PARTNERSHIP MUST SIGN THIS DISSOLUTION OF BUSINESS NAME.**

_____
(Signature)

_____
(Signature)

Commonwealth of Virginia

County of Fairfax, to-wit:

I, the undersigned Deputy Clerk (Notary Public) in and for the Commonwealth and County aforesaid, do hereby certify that _____, whose name(s) is/are signed to the foregoing and hereunto annexed Certificate dated the _____ day of _____, has/have this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this _____ day of _____, _____.

_____
Deputy Clerk (Notary Public)

My Commission Expires:_____
My registration number is: _____ (VA notaries only)