

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: _____

My/our Phone number 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)

In the Clerk's Office of the Circuit Court of Fairfax County, Virginia _____, _____, at _____ o'clock __M, this Certificate with the Certificate of Acknowledgment annexed, was recorded and filed and admitted to record.

TESTE: JOHN T. FREY, CLERK

**BY: _____
Deputy Clerk**