

State of North Carolina
County of _____

**WITHDRAWAL OF ASSUMED NAME FOR A
SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP**

- (1) The Assumed Name being withdrawn is:

- (2) This business is a (Check One):
 Sole Proprietorship Partnership Limited Partnership.
- (3) The Certificate of Assumed Name was originally filed in _____
County on ____ day of _____, 20 ____
- (4) The effective date of the withdrawal is ____ day of _____, 20 ____
- (5) The following owners have ceased engaging in business under the aforementioned assumed
name (give the name and address of each owner)

IN WITNESS WHEREOF this certificate is signed by each of the owners of said business, this
____ day of _____, 20 ____

State of North Carolina
County of _____

I, _____, a Notary Public in and for the County and State
aforesaid, do hereby certify that _____
personally appeared before me this day and acknowledged the execution of the foregoing
instrument for the purpose therein expressed.

Witness my hand and official seal this _____ day of _____, 20____

(Official Seal)

Notary Public

My Commission Expires: _____

State of North Carolina
County of _____

I, _____, a Notary Public in and for the County and State
aforesaid, do hereby certify that _____
personally appeared before me this day and acknowledged the execution of the foregoing
instrument for the purpose therein expressed.

Witness my hand and official seal this _____ day of _____, 20____

(Official Seal)

Notary Public

My Commission Expires: _____