

Certificate of Withdrawal of Assumed Business

I, _____ hereby withdraw from doing business under the following assumed or designated name:

Name of Business: _____

Business Address: _____

For the following reasons:

This certificate being executed in compliance with the provisions of A.C.A. 4-70-204

Signature _____ Date: _____

Acknowledgement

State of Arkansas
County of Faulkner

On this _____ day of _____, 20____ before me, the undersigned officer, personally appeared, _____, known to me (or satisfactorily proven) to be the person(s) described in the foregoing certificate. And acknowledged that he/she executed the same in the capacity therein stated and for purposes therein contained.

Subscribed and sworn to before me this _____ day of _____, 20____.

(Seal)

FAULKNER COUNTY CLERK

This instrument is recorded in
Book _____ Page _____