



SOMERSET COUNTY CLERK'S OFFICE
CANCELLATION OF
BUSINESS NAME

BRETT A RADI, COUNTY CLERK

County Administration Building

P.O. Box 3000

20 Grove Street • Somerville, NJ 08876-1262

(908) 231-7006 • www.co.somerset.nj.us

State of *New Jersey*,

County of _____

} ss.:

I, (we) _____
(circle one)

do hereby certify that I (we) (was) (were) conducting or transacting business under the name
(circle one) (circle one)

of _____
(print or type full business name)

at _____ in the
(print or type full business address)

County of Somerset and having filed a certificate in the County Clerk's Office of Somerset on the
 _____ day of _____, _____, which certificate is
(month) (year)
 still on record and I (we) now desire herewith to have the same cancelled and discharged of record.

NAMES	RESIDENCE	P.O. ADDRESS

State of *New Jersey*,

County of _____

} ss.:

(sign in front of notary)

On this _____ personally appeared _____
 who I am satisfied is the person named in the forgoing instrument.

Sworn to and Subscribed before me this _____ day of _____
 A.D. _____
 before me at _____