

CERTIFICATE OF DISSOLUTION OF TRADE NAME

I/we _____,

do hereby certify that I/we dissolve the business of _____,

(FICTITIOUS TRADE NAME OF BUSINESS)

which was conducting or transacting business under an assumed or fictitious name in Alexandria City.

My/our Post Office address is: _____

My/our Residence address is: _____

Type of Fictitious Name Recorded: Sole Proprietorship Corporation
 Limited Liability Corporation (LLC) Partnership

This fictitious name was originally filed under the FN# _____, on the _____ day
of _____, _____.

Legal Name of Business Register with Secretary of
the Commonwealth (if applicable)

(Signature)

(Signature)

All Partners in the Partnership must sign this Dissolution of Business Name

City/County of _____

State of _____

Subscribes and acknowledged before me by _____ this _____ day of
_____, 20__.

Notary Public/Deputy Clerk

Notary registration number: _____

My commission expires: _____

VIRGINIA:

IN THE CLERK'S OFFICE OF THE CIRCUIT COURT OF THE CITY OF ALEXANDRIA,
ON THE _____ DAY OF _____, 20__

This certificate was this day received and upon certificate of acknowledgment thereto annexed,
admitted to record.

TESTE: EDWARD SEMONIAN, CLERK

By: _____

Deputy Clerk