No.			

Certificate of Discontinuance of Business Under an Assumed Name

STATE OF MICHIGAN COUNTY OF OAKLAND						
The undersigned, do(es) here	by certify that the	e operation o	f said b	ousiness,	heretofore	conducted under the
Assumed Name of						
at						
in the County of	, State of	Michigan has b	een discor	ntinued.		
		SIGNA	TURES O	F ALL PE	RSONS CON	DUCTING BUSINESS:
Dated						
						
STATE OF MICHIGAN						
COUNTY OF OAKLAND						
Acknowledged bythe day of	(appl	licant name or na	mes)			before me on
		(notary signa	ture)			
		Notary Public	c, State of N	Michigan _		County, Michigan
		My commissi	on expires			
STATE OF MICHIGAN						
COUNTY OF OAKLAND						
I, LISA BROWN, County with the original and that it is a t						he foregoing certificate
In Testimony Whereof, I	have hereunto set n	ny hand and af				ounty Clerk, at Pontiac,
this day of	, A.D. &U	·	L	ISA BROV	WN, County C	Clerk/Register of Deeds