

Termination of Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby terminate business terminate ownership under the Fictitious Firm Name

_____ located at
(Fictitious Business Name)

_____, the effective date of termination being _____.
(Street Address of Business or Residence) (Date)

Terminate ownership of the following person(s) whose name(s) and address (es) are as follows:

1. _____
Full Name and Title Signature Date

Street Address City, State, Zip

Mailing Address, if different from above City, State, Zip
2. _____
Full Name and Title Signature Date

Street Address City, State, Zip

Mailing Address, if different from above City, State, Zip
3. _____
Full Name and Title Signature Date

Street Address City, State, Zip

Mailing Address, if different from above City, State, Zip
4. _____
Full Name and Title Signature Date

Street Address City, State, Zip

Mailing Address, if different from above City, State, Zip

State of _____
County of _____

On this _____ day of _____, 20 ____, before me personally appeared: _____

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that he/she/they has (have) executed the same freely and voluntarily and for the uses and purposes therein stated. In Witness whereof, I have hereunto set my hand and affixed my official seal this _____ day of _____ 20__.

Notary Public/Deputy County Clerk
Carson City, Nevada

RECEIVED AND FILED

Date

Deputy County Clerk