

**Dissolution of Firm or Partnership Engaged in Business
State of Indiana County of Grant**

Name of Firm or Partnership _____

Kind of Business _____

Place of Business _____

Notice is hereby given that _____

doing business under the firm name and style of _____

recorded as instrument # _____

have dissolved partnership this day of _____, 20____.
The business affairs of the _____

concluded by _____

will be carried on by _____

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. _____

Name may be written, printed or typed

Prepared by: _____

Printed: _____

State of Indiana County of Grant On _____ 20____, before me _____

_____ personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the state of Indiana that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature of Notary

My term expires _____

_____ printed name of Notary