

**DISSOLUTION
OF
TRADE NAME CERTIFICATE**

STATE OF NEW JERSEY } ss
COUNTY OF CUMBERLAND }

This document is to certify that:

(were/was) conducting a business under the following business name:

FILE # _____

DATE: _____ **which is still on record and is herewith dissolved,**
discharged and cancelled from record.

Business address: _____

Business Phone #: (_____) _____ -- _____

Indicate below the full names and residence addresses of all persons or members of such firm, business or partnership required to be listed. NOTE: All names listed here are required to sign in the presence of a Notary Public or Attorney at Law.

Print Name	Residence Address
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Print Name	Residence Address
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Print Name	Residence Address
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Print Name	Residence Address
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STATE OF NEW JERSEY }
COUNTY OF CUMBERLAND }

The undersigned, being duly sworn according to law, does hereby depose and say that all the information contained in the foregoing certificate is true and accurate.

Sworn & subscribed to before me _____
this _____ **day of** _____, _____

Notary Public