



# Tompkins County Clerk

AURORA R. VALENTI  
COUNTY CLERK  
CLERK OF SUPREME & COUNTY COURTS

320 N. TIOGA STREET  
COURT HOUSE, ITHACA, N.Y. 14850  
TELEPHONE (607) 274-5431  
FAX (607) 274-5445

---

---

## CERTIFICATE OF DISCONTINUANCE OF BUSINESS

---

---

I, HEREBY CERTIFY THAT I HAVE CONDUCTED OR TRANSACTED BUSINESS UNDER THE NAME OR DESIGNATION OF

\_\_\_\_\_  
(BUSINESS NAME)

AT \_\_\_\_\_  
(STREET ADDRESS) (CITY) (STATE) (ZIP)

IN THE COUNTY OF TOMPKINS, STATE OF NEW YORK AND THAT A CERTIFICATE OF CONDUCTING BUSINESS UNDER AN ASSUMED NAME WAS FILED IN THE OFFICE OF THE COUNTY CLERK, COUNTY OF TOMPKINS, STATE OF NEW YORK, ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ UNDER INDEX NUMBER \_\_\_\_\_; AND I HEREBY FURTHER CERTIFY THAT THE FILING OF CERTIFICATE IN SAID COUNTY IS NO LONGER REQUIRED FOR THE REASON THAT THE SAID BUSINESS WAS DISCONTINUED ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ OR THE CONDITIONS UNDER WHICH THE BUSINESS IS CONDUCTED HAVE CHANGED SO THAT THE FILING OF A CERTIFICATE IN SAID COUNTY IS NO LONGER REQUIRED FOR THE REASON THAT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I THEREFORE DESIRE TO FILE THIS CERTIFICATE OF DISCONTINUANCE.

IN WITNESS WHEREOF, I HAVE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, MADE AND SIGNED THIS CERTIFICATE.

STATE OF NEW YORK  
COUNTY OF TOMPKINS

ON \_\_\_\_\_ BEFORE ME, THE UNDERSIGNED PERSONALLY APPEARED

PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE INDIVIDUAL(S) WHOSE NAME(S) IS (ARE) SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR CAPACITY(IES), AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT, THE INDIVIDUAL(S), OR THE PERSON UPON BEHALF OF WHICH THE INDIVIDUAL(S) ACTED, EXECUTED THE INSTRUMENT.

\_\_\_\_\_  
NOTARY PUBLIC