

OCEAN COUNTY CLERK'S OFFICE CANCELLATION OF BUSINESS NAME

SCOTT M. COLABELLA, COUNTY CLERK

> (732) 506-5198 1-800-722-0291 www.oceancountyclerk.com

State of New Jersey County of	<i>y</i> ,			
I, (we))			
do hereby certify that	I (we) (ware) (circle one)	conducting or transacting b	ousiness under the na	me of
at	(prin	t or type business name)		in the
	(print or	type full business address)	nty of Ocean on the	m me
	-	(month)	•	, which certificate is
still on record and I (we	e) now desire herewith to have th			
NAMES	RESIDENCE		P.O. ADDRESS	
State of New Jersey	<i>y</i> ,			
County of	}			
	·		(sign in front of notary)	
On this who I am satisfied is the	personally appeared person named in the forgoing in	nstrument.		
Sworn to and Subscribe	d hefore me this			
Sworn to and Subscribe	`			
	day of A.D.			
before me at	J			