LANDER COUNTY		
Office of the Lander Cou	ınty	
Clerk, Sadie Sullivan		
Certificate of Business: Fictit	<u>ious Firm Name</u>	
Termination		
	Please Print or Type	
Original Certificate File Number		
Termination Date Effective On		
The undersigned do/does hereby terminate the	e business/ownership under the fictiti	ous firm name of
	ious Firm Name or Doing Business As)	
located at	(Street Address of Business)	·
By signing below I declare (or affirm), und	er penalty of perjury, that all state	ments made in this document are
true, and that I have authority to sign on b		
contract.		
(1)	<u></u>	
Full Name and title (Type or Print)	Signature	Date
Street Address of Business or Residence	City, State, Zip	
(2) Full Name and title (Type or Print)		
Full Name and title (Type or Print)	Signature	Date
Street Address of Business or Residence	City, State, Zip	
For additio	onal owners, please use additional pages	
STATE OF		
STATE OF COUNTY OF	SS:	
-		
This instrument was acknowledged before		Date)
by(Nam		
(Nam	e of individuals whose signatures are being notariz	ed)
	Signature of Notary Public/Deputy	/ Clerk
Mail to: Sadie Sullivan, Counts	/ Clerk, Attn. FFN, 50 State Route 305, Battle M	lountain. NV 89820
	ed certificate and a self-addressed stamped enve	
		0,1,12010