CERTIFICATE OF DISSOLUTION OF TRADE NAME

By Individual/Sole Proprietor or General Partnership

CERTIFICATE TO BE FILED BY PERSON(S) DISSOLVING A BUSINESS REGISTERED IN THE COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME.

I/we					
hereby certify that I/we dis	solve the business of				
(FICTITIOUS TRADE NAME OF I					SS)
which was located at					
	(Address)		(City)	(State)	(Zip Code)
My/our Post Office address	is:				
My/our Residence address	is:				
My/our Phone number is: Type of Fictitious Name Rec This fictitious name was ori on the day of	corded: Individual/Sol ginally filed in Book _	le Proprietor		General Partn trument #	ership
**ALL PARTNERS	IN THE PARTNERSH	IP MUST SIGN	THIS DISSOL	UTION OF BUS	SINESS NAME
			(Signature)		
			(Signature)		
Commonwealth of Virginia County of Prince William, to-wi	t:				
	ity Clerk (Notary Public) i			•	•
certificate dated the day o					
same before me in my office.					
Given under my hand the	nis day of	,			
			Deputy Cle	rk (Notary Publi	c)
			My commis	ssion expires	
			Notary Reg	istration No	
In the Clark's Office	of the Circuit Court of F	Prince William (Jounty Virginia		
this Certificate with the Certif					
		TESTE:	Jacqueline	C. Smith, Esq	uire, Clerk
		BY:		Deputy Clerk	
				Deputy Cicik	