

EUREKA COUNTY
DISSOLUTION OF CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

THE UNDERSIGNED do(es) certify that I WAS / WE WERE / IT WAS
(Please circle one above)

conducting a _____ business at _____
(Type of business) (Physical address)

_____, Nevada, under the fictitious firm name of
(Mailing address)

_____ with a telephone number of _____
(Name of business)

And that said firm is composed of the following person(s) and address (es) as follows, to wit:

Name _____ Name _____

Address _____ Address _____

City/State _____ City/State _____

WITNESS my hand this _____ day of _____, 20_____.

(Signature of owners, partners or authorized officers)

STATE OF NEVADA,)
COUNTY OF EUREKA.)

On this _____ day of _____, 20_____, before me, _____
_____, a Notary Public in and for the said County and State, residing
therein, duly commissioned and sworn, personally appeared
_____ and known to me to be the person(s)
whose name(s) subscribed to the within Instrument, and acknowledged to me that they executed
the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at any
office in the County of Eureka the day and year in this certificate first above written.

(SEAL)

NOTARY PUBLIC

***If submitted by mail, please send the original and two copies to: Eureka County Clerk Recorder, PO
Box 694, Eureka, Nevada 89316***