

State of North Carolina
County of Buncombe

**WITHDRAWAL OF ASSUMED NAME FOR A
SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP**

- (1) The Assumed Name being withdrawn is: _____
- (2) This business is a (CHECK ONE):
 Sole Proprietorship Partnership Limited Partnership
- (3) The Certificate of Assumed Name was originally filed in _____ County
on _____ day of _____, 20____.
- (4) The effective date of the withdrawal is _____ day of _____, 20____.
- (5) The following owners have ceased engaging in business under the aforementioned Assumed Name (Give the name and address of the each owner):

IN WITNESS WHEREOF, this certificate is signed by each of the owners of said business, this
_____ day of _____, 20____.

State of North Carolina
County of Buncombe
I, _____, a Notary Public in and for the County and State aforesaid,

do hereby certify that _____
(Name/Title)

this day personally appeared before me and acknowledged the execution of the foregoing
instrument for the purpose therein expressed.

Witness My Hand and Official Seal this _____ day of _____, 20____.
My Commission Expires:

Notary Public