

**CERTIFICATE OF DISSOLUTION  
OF TRADE NAME**

I/We, \_\_\_\_\_ hereby make the following statement of dissolution of Firm's Name or Partnership Certificate, in pursuance of the provisions of the Revised Statutes 56:1-2 and 56:1-3 pertaining to the regulation of the use of business names.

1. The name(s) under which I/We have been conducting and transacting business was:

\_\_\_\_\_

Print or Type Full Trade name

2. The business so conducted was that of:

\_\_\_\_\_

Print or Type Character of Business

3. The place where the business was conducted and transacted was at:

\_\_\_\_\_

Print or Type Address Where Business Was Conducted

4. The true and real full name(s) and post office address of all person(s) connected with the said business as owner(s) are as follows:

\_\_\_\_\_

Print or Type Name

Print or Type Address

\_\_\_\_\_

Print or Type Name

Print or Type Address

\_\_\_\_\_

Print or Type Name

Print or Type Address

\_\_\_\_\_

Print or Type Name

Print or Type Address

5. The said business or firm has been dissolved and the said County Clerk is hereby authorized to file and record this certificate of dissolution.

IN WITNESS WHEREOF, I/We have hereunto signed and sealed this certificate dated

Date: \_\_\_\_\_, 20\_\_\_\_.

**EACH MEMBER OF THE FIRM MUST SWEAR TO THE FOLLOWING AFFIDAVIT:**

The undersigned being duly sworn upon his, her or their oath according to law, say that he, she or they have read the foregoing certificate and that the statements therein are true.

State of New Jersey  
County of Warren )ss

\_\_\_\_\_

Sign Name

Sworn and subscribed  
before me this \_\_\_\_\_ day

\_\_\_\_\_

Sign Name

of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Sign Name

\_\_\_\_\_  
Signed by Attorney, Notary Public  
or other person authorized under  
law to take oaths in New Jersey

\_\_\_\_\_

Sign Name