

COMMONWEALTH OF MASSACHUSETTS  
TOWN OF MENDON  
BUSINESS CERTIFICATE

**STATEMENT OF DISCONTINUANCE, CHANGE OF RESIDENCE, CHANGE OF LOCATION OF  
BUSINESS, WITHDRAWAL OR DECEASED FROM BUSINESS OR PARTNERSHIP.**

1. In Conformity with the provisions of Chapter 110, Section 5 of the MA General Laws, the undersigned hereby declare (s) that we (I) have this day

\_\_\_\_\_ Discontinued \_\_\_\_\_ Withdrawn from

The business known as \_\_\_\_\_

Conducted at \_\_\_\_\_ Mendon, MA 01756 as set forth in the certificate filed on \_\_\_\_\_

And as attached.

NAME

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. The location of the \_\_\_\_\_ business \_\_\_\_\_ my address as it appears on the attached certificate of \_\_\_\_\_ filed on \_\_\_\_\_ has been changed to \_\_\_\_\_.



3. As Executor or Administrator for the Estate of \_\_\_\_\_ who died on \_\_\_\_\_, I hereby request a \_\_\_ discontinuance \_\_\_ withdrawal of his /her name from the Business Certificate attached filed on \_\_\_\_\_ in the name of \_\_\_\_\_.



Signatures: \_\_\_\_\_  
\_\_\_\_\_

On \_\_\_\_\_ the above named person(s) appeared before me and made oath that the foregoing statement is true.

\_\_\_\_\_  
Notary Public My commission expires: \_\_\_\_\_

Identification presented: \_\_\_\_\_