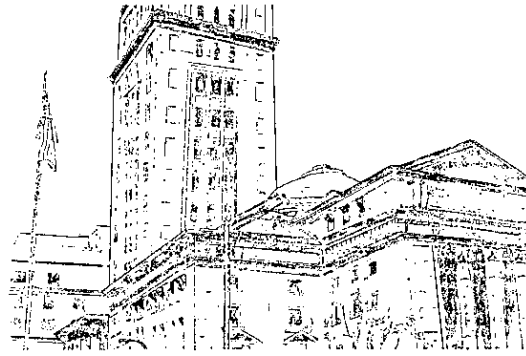


JOANNE RAJOPPI
UNION COUNTY CLERK
(908) 527-4787
FAX (908) 558-2589

ALAN J. FALCONE
DEPUTY CLERK
(908) 527-4786



BUSINESS DIVISION

(908) 527-4966

(908) 527-4967

FAX (908) 558-2673

ELECTIONS DIVISION

(908) 527-4996

FAX (908) 558-3592

RECORDING DIVISION

(908) 527-4787

**COUNTY OF UNION
OFFICE OF THE COUNTY CLERK**

2 BROAD STREET
ELIZABETH, NEW JERSEY 07207

CANCELLATION OF BUSINESS NAME

State of New Jersey
County of } §§

I, (we) _____ do hereby certify that I (we)
was/were conducting business under the name of _____ at
(print or type business name)

(print or type full business address)

in the Office of the County Clerk, County of Union and having filed a certificate in the office of the County
Clerk of Union County on the _____ day of _____, 20____, which certificate is still on record
(month)
I (we) now desire herewith to have the same cancelled and discharged of record.

NAMES	RESIDENCE	P.O. ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of New Jersey
County of } §§

(Sign in front of Notary)

being duly sworn, say(s) that _____ the person(s) named in the
foregoing certificate and the statements contained therein are true.

Sworn to and Subscribed before me this _____ day of _____ 20____.

Notary's Name (Print or type)

Signature of Notary