

Dissolution of Partnership Partnerships and Business Names Registration Act

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		formerly a member of the firm carrying on business as	
	(name)		
(business name)			
at			
	(address)		(town or municipality)
Province of Nova Scotia, do hereby make oath and declare that the partnership was dissolved on:			
			(year / month / day)
[
		Signat	ure(s)
This document has beer SWORN TO at	n	Ŭ,	.,
SWORN TO at			
in the Province of			
on this date:	(year / month / day)		
Before me,			
-	(name please print or provide stamp)		
-	(signature)		
	(signature)		
-	(notary public, commissioner of oaths, barrister)		
-	(affix seal of office)		

For office use only

Registry #:

Date filed:

Nova Scotia Registry of Joint Stock Companies, PO Box 1529, Halifax, N.S., B3J 2Y4

Need help? Contact us at 902-424-7770 (toll-free in Nova Scotia: 1-800-670-4357) or at http://www.gov.ns.ca/snsmr/forms/rjsc.stm