

Use black ink

REGISTRATION OF FIRM NAME CANCELLATION

STATE OF WISCONSIN, COUNTY OF _____

_____, being first duly sworn deposes and says that he/she recorded a Registration of Firm Name document for the firm doing business under the name of:

_ recorded on (date) _____ as document number

_____ in volume _____ (if any)

and page _____ (if any). The Registration of Firm Name is hereby

cancelled. (May provide explanation here.)

Recording area

Name and return address:

Empty box for recording area details.

Application is hereby made to cancel such firm name recorded with the Register of Deeds.

Signature _____ Date _____

Signature _____ Date _____

Print name _____

Print name _____

This document was drafted by: (print or type name below)

Subscribed and sworn to before me on _____ by the above named person(s): _____

Signature of notary or other person authorized to administer an oath (as per s. 706.06, 706.07)

Print or type name: _____

Title _____ Date commission expires: _____

*Names of persons signing in any capacity must be typed or printed below their signature. WRDA 10/11/2005