

WITHDRAWAL OF ASSUMED NAME CERTIFICATE (NCGS 66-71.8)

Please print legibly.

1. The assumed business name being withdrawn is:

2. The real name of the person or entity engaging in business under the assumed business name is:

3. The current address of the real person named in #2 is: _____

4. The book and page number of the initial filing that is being withdrawn is: Book _____, Page_____.
5. The identification number assigned to the assumed business name by the Secretary of State (SOS ID) is:
_____ (Go to www.sosnc.gov/abn/search to look up this number.)
6. The business operating under the assumed name shown in #1 has ceased to engage in business under the assumed business name.
7. The effective date of the withdrawal is: upon filing OR _____
(Please choose one.) (Date must be LATER than the date of filing.)

This certificate is signed by the owner/legal representative of the person named above,

this _____ day of _____, 20_____.

Signature: _____

Printed/Typed Name: _____

Title: _____

(See instructions for who must sign for various types of business entities.)