

PARTNERSHIP CERTIFICATE

We hereby certify that we are conducting or transacting business under the name or designation of:

(Name of Business)

(Street Address)

(City, State, Zip)

County of Niagara, State of New York.

The full names of all persons conducting or transacting such partnership, with the residence address of each person are as follows:

Name (PRINT)

Residence Address (PRINT)

We certify that we are successor in interest to _____ the person conducting business prior to ourselves. (Previous Owner – or N/A if not applicable)

In witness whereof, we have signed this certificate on _____ (Date).

(Signature)

(Signature)

(Signature)

(Signature)

State of New York
County of _____
City of _____

ACKNOWLEDGMENT RPL309-a (Do not use outside New York State)

ss:

On _____, before me the undersigned personally appeared:

(Print all names signing document)

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) upon behalf of which the individual(s) acted, executed the instrument.

(Notary Public)