

Certificate of Partnership

do hereby certify, in pursuance of Section 130 General Business Law, that we, ^{now} *intend to* Conduct and transact business at (business address) _____
in the Town _____ of _____, New York, under the name of _____

And we do further certify that the true and real full names of all the persons ^{who now} *who intend to* conduct and transact the same, together with the residence of said persons is as follows, viz:

<u>NAME</u>	<u>RESIDENCE</u>	<u>TOWN OR CITY</u>	<u>AGE</u> <u>If Infants (2.)</u>
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And we do further certify that we are successors in interest to _____
_____ who have heretofore used such name to conduct such business.

In Witness Whereof, We have this _____ day of _____, year _____,
made and signed this certificate.

Acknowledgment of Conveyance

STATE OF NEW YORK)
) ss.:
County of Wyoming)

On the _____ day of _____ in the year _____ before me, the undersigned, a

Notary Public in and for said State, personally appeared _____,
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose
name(s) is (are) 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),
or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of individual taking acknowledgment)

Acknowledgment of Conveyance

STATE OF NEW YORK)
) ss.:
County of Wyoming)

On the _____ day of _____ in the year _____ before me, the undersigned, a

Notary Public in and for said State, personally appeared _____,
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same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s),
or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of individual taking acknowledgment)

Certificate

CONDUCTING BUSINESS UNDER ASSUMED
NAME - AS PARTNERS

CERTIFICATE OF

CONDUCTING BUSINESS UNDER THE
NAME OF

Dated, _____

Filed