State of New Hampshire

Filing fee: \$10.00 Form TN-7 Use black print or type. RSA 349:2

CERTIFICATE OF WITHDRAWAL IN MEMBERS USING TRADE NAME

(Please type or print clearly; if more space is needed, attach additional sheet[s].)

1. Business name:	(Nama cannot include "IN	IC " or other corporate design	ation)	
2. Business address:	(Name <u>cannot include</u> in	or other corporate design		
			State	Zip
Mailing address (if different):				
			State	Zip
3. Effective date of withdrawal (cann	ot be future date):			
4. Member(s) being withdrawn: Name ————————————————————————————————————	No. & Street	City/town	State	Zip
5. Member(s) remaining: Name	No. & Street	City/town	State	Zip
6. Signed: (must be signed by ALL	members including withdi	rawing member(s))		
Signature		or Type name		
Signature		Print or Type name		
Signature		Print or Type name		
Signature		Print or Type name		
Signature		Print or Type name		
Signature	Print (or Type name		

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989 Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH