CERTIFICATE OF DISCONTINUANCE OF BUSINESS

I HEREBY CERTIFY that I have conducted or transacted business under the name of:

Business Name							
Port and James					ONEIDA		
Business Address(Street Address)	(City)	(State)	(Zip Code	-	(Co	unty)	
The certificate was filed in the Oneida County Clerk's	Office, State	e of New York or					
under Instrument Number	and	last amended	certificate	was	filed	on	
and I hereby further certify that the filing of a certificat said business way discontinued on			required for t	the reas	son tha	t the	
or conditions under which the business is conducted has no longer required for the following reason:	ve changed	so that the filing o	f a certificate	in sai	d Coun	ty is	
I therefore desire to file this certificate of discontinuance	ce.						
IN WITNESS WHEREOF	, I have sign	ed this certificate	on			·	
		Sig	mature				

STATE OF NEW YORK COUNTY OF