Mail after recording to:

RECORDING TIME

47

PRESENTED FOR REGISTRATION AND RECORDED

BK 1904 P 1186

'96 JUN -4 A10:31

John Holleman
Register of Deeds
Forsyth Co. N.C.

PROBATE AND FILING FEE $ 8.00 PAID

CERTIFICATE OF DISSOLUTION
PARTNERSHIP OR BUSINESS UNDER ASSUMED NAME
FORSYTH COUNTY, NORTH CAROLINA

Each of the undersigned hereby certifies that the business formerly conducted in Forsyth County, N.C. is hereby dissolved as of the _____ day of _____, 19____, and is filing this information with the Register of Deeds of Forsyth County, pursuant to the provisions of G.S. 66-68.

THE BUSINESS

Name: S+A Cleaning Service

Address: 2385 W. Clemmonsville Rd Lot 30 (Street & No.) Winston-Salem 27127 (City-State-Zip)

THE OWNERS

First Name	Middle Name	Last Name	Residence Address
Sheila	Joy	Jackson	2385 W. Clemmonsville Rd Lt 30
Alice	Bea	Allen	2385 W. Clemmonsville Rd Lt 31

Signed:

Sheila J Jackson

Alice B. Allen

If Owner is A Corporation

Name of Corporation _____

Home Office Address _____

ATTEST

By: _____ _____

_____ President _____ Secretary Corporate Seal

STATE OF NORTH CAROLINA – Forsyth County

I, _____, a Notary Public of Forsyth County, NC, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ secretary of _____ a North Carolina corporation, and that by authority duly given as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and notarial seal this the _____ day of _____, 19____.

SEAL/STAMP My commission expires _____, 19____. _____ Notary Public

STATE OF NORTH CAROLINA – Forsyth County

Alice B Allen NCA

Sheila J Jackson NCA

I, Suza Teague, deputy Reg. of Deeds, ~~a Notary Public of~~ Forsyth County, NC, do hereby certify that Sheila J. Jackson and Alice B. Allen personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness ~~my hand and notarial seal~~ this the 4th day of June, 19 96.

SEAL/STAMP 4.00 Exempt My commission expires JOHN HOLLEMAN REGISTER OF DEEDS, 19____. Suza Teague, dep ~~Notary Public~~

The foregoing Certificate(s) of _____

_____ is/are certified to be correct.

This the _____ day of _____, 19____.

L.E. Speas, Register of Deeds for Forsyth County by:

_____ Deputy/Assistant

Forsyth County Register of Deeds form DSL 4/90