Office of the Clark County Clerk
Lynn Marie Goya

Certificate of Business: Fictitious Firm Name
Termination

Please Print or Type

Original Certificate File Number _____

Termination Date Effective On _____

The undersigned do/does hereby terminate the business/ownership under the fictitious firm name of

_____
(Fictitious Firm Name or Doing Business As)

located at _____.
(Street Address of Business)

By signing below I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

(1) _____ _____
Full Name and title (Type or Print) Signature Date

_____
Street Address of Business or Residence City, State, Zip

(2) _____ _____
Full Name and title (Type or Print) Signature Date

_____
Street Address of Business or Residence City, State, Zip

For additional owners, please use additional pages

STATE OF _____ } SS:
COUNTY OF _____

This instrument was acknowledged before me on _____
(Date)

by _____
(Name of individuals whose signatures are being notarized)

_____
Signature of Notary Public/Deputy Clerk

Mail to: Lynn Marie Goya, County Clerk, Attn. FFN, Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of $15.00 payable to County Clerk, completed certificate and a self-addressed stamped envelope