

Use black ink

REGISTRATION OF FIRM NAME CANCELLATION

STATE OF WISCONSIN, COUNTY OF _____

_____, being first duly sworn
deposes and says that he/she recorded a Registration of Firm Name document
for the firm doing business under the name of: _____

recorded on (date) _____ as document number
_____ in volume _____ (if any)

and page _____ (if any). The Registration of Firm Name is hereby
cancelled. (May provide explanation here.)

Name and return address:

Application is hereby made to cancel such firm name recorded with the Register of Deeds.

Signature *Date* *Signature* *Date*

Print name *Print name*

STATE OF WISCONSIN, County of _____

This document was drafted by:
(print or type name below)

Subscribed and sworn to before me on _____ by the above named
person(s): _____

Signature of notary or other person authorized to administer an oath (as per s. 706.06, 706.07)

Print or type name: _____

Title _____ Date commission expires: _____.

*Names of persons signing in any capacity must be typed or printed below their signature.
WRDA 10/11/2005