

Business Certificate for Partners

The undersigned do hereby certify that they are conducting or transacting business as members of a partnership or under the name or designation of

_____ (Name of partnership)

at _____, _____ County of Erie,
(Address) (City / Town)
State of New York _____.
(Zip Code)

The full names of all the persons conducting or transacting such partnership including the full names of all the partners with the residence address of each such person, and the age of any who may be infants, are as follows:

_____ (First Name)	_____ (MI)	_____ (Last Name)	_____ (Address – city/town , state and zip code)
_____ (First Name)	_____ (MI)	_____ (Last Name)	_____ (Address – city/town , state and zip code)
_____ (First Name)	_____ (MI)	_____ (Last Name)	_____ (Address – city/town , state and zip code)
_____ (First Name)	_____ (MI)	_____ (Last Name)	_____ (Address – city/town , state and zip code)

(add additional pages, if necessary to show additional names)

We do further certify that we are successors in interest to _____,
(name of partnership)

the person or persons heretofore using such name or names to carry on or conduct or transact business.

In Witness Whereof, we have signed this certificate on the _____ day of _____,
(date) (month) (year)

(sign and print name)

(add additional pages,
if necessary for
additional signatures)

(sign and print name)

(sign and print name)

(sign and print name)

State of New York
County of Erie

On the _____ day of _____, _____ before me, the undersigned, a notary public in and for said

state, personally appeared _____
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Affix Stamp/Seal

(Signature and office of individual taking acknowledgement)