

State of New Hampshire

Filing fee: \$10.00
Use black print or type.

Form TN-7
RSA 349:2

CERTIFICATE OF WITHDRAWAL IN MEMBERS USING TRADE NAME

(Please type or print clearly; if more space is needed, attach additional sheet[s].)

1. Business name: _____
(Name **cannot include "INC."** or other corporate designation)

2. Business address: _____
No. & Street City / town State Zip

Mailing address (if different): _____
No. & Street City / town State Zip

3. Effective date of withdrawal (cannot be future date): _____

4. Member(s) being withdrawn:

| Name | No. & Street | City/town | State | Zip |
|-------|--------------|-----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

5. Member(s) remaining:

| Name | No. & Street | City/town | State | Zip |
|-------|--------------|-----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

6. Signed: (must be signed by ALL members *including withdrawing member(s)*)

| | |
|-----------------|--------------------------|
| Signature _____ | Print or Type name _____ |
| Signature _____ | Print or Type name _____ |
| Signature _____ | Print or Type name _____ |
| Signature _____ | Print or Type name _____ |
| Signature _____ | Print or Type name _____ |
| Signature _____ | Print or Type name _____ |

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989
Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH