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.)

________________________________________________________________________

Print or type name: _________________________________________________________
Title ____________________________ Date commission expires: _____________________

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

Signature       Date          Signature       Date

Print name       Print name

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

THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.