

I, _____ formerly a member of the firm carrying on business as
(name)

(business name)

at _____
(address) *(town or municipality)*

Province of Nova Scotia, do hereby make oath and declare that the partnership was dissolved on: _____
(year / month / day)

This document has been
SWORN TO at

in the Province of

on this date:

(year / month / day)

Before me,

(name -- please print or provide stamp)

(signature)

(notary public, commissioner of oaths, barrister)

(affix seal of office)

Signature(s)

For office use only

Registry #:

Date filed: