

**SERVICO, INC.**  
**283 WASHINGTON AVENUE**  
**ALBANY, NEW YORK 12206**  
**518.463.4179 / 518.463.3752 : FAX**

**WORKSHEET FOR PREPARATION/FILING OF NEW YORK  
DISCONTINUANCE OF AN ASSUMED BUSINESS NAME**

Legal Name of Entity \_\_\_\_\_

Assumed Name \_\_\_\_\_

Date Assumed Name Filed \_\_\_\_\_

Address of Assumed Name \_\_\_\_\_

Name and Title of Person Authorized to Execute Document on Behalf of Entity \_\_\_\_\_

Reason for Discontinuing \_\_\_\_\_

FEES:	
PREPARE AND FILE	\$ 75.00
DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 60.00
 ADMINISTRATIVE HANDLING	 \$ 5.00
TOTAL	\$140.00

Your Name: \_\_\_\_\_

Your Firm: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Your Fax #: \_\_\_\_\_

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_ IN THE AMOUNT OF \*\* \_\_\_\_\_

Print Name of Card Holder: \_\_\_\_\_ Print

Complete Billing Address on Credit Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

\*\* Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.