



**STATEMENT OF WITHDRAWAL FROM PARTNERSHIP  
OPERATING UNRAR A FICTITIOUS BUSINESS NAME**

**FILING FEE: \$18.00**

**Instructions:** Please type or write legibly and complete all applicable sections. Incomplete forms will be returned. Submit one original and two copies. If filing by mail, provide a self-addressed stamped envelope.

1	Business name:						
---	----------------	--	--	--	--	--	--

2	Business street address:				Mailing address: <i>(do not write the word "SAME")</i>		
	City:	State:	Zip:	County:	City:	State:	Zip:

3	Registrant(s) who wish to withdrawal: (Use a second form to list more registrants.)						
	A	Name:			B	Name:	
	C	Name:			D	Name:	

After your statement is processed, it must be published once a week for four successive weeks, (publication to start within **45 days** of the filing date and an affidavit of publication of the statement shall be filed with the County Clerk within 30 days after the completion of the publication.) B&P 17922(a)

I declare that all information in this Statement is true and correct. (A registrant who declares as true information, which they know to be false, is guilty of a crime.)

4	A	Signature:			B	Signature:		
		Typed or printed name and if Corp. or LLC, state title:				Typed or printed name and if Corp. or LLC, state title:		
		Daytime telephone number:				Daytime telephone number:		

5	If filing by mail, please provide an address you would like the processed statement to be returned to and a daytime contact number						
	Address:	City:	State:	Zip:	Contact number:		

**\*\*\*\*\*COUNTY CLERK USE ONLY DO NOT TYPE OR WRITE BELOW THIS LINE\*\*\*\*\***

Original FBN Statement File Number:	Original FBN Statement Filed on: / /
-------------------------------------	---

This statement of withdrawal filed on: (mm/dd/ccyy) / /	AIMEE X. ESPINOZA, Auditor-Controller-County Clerk By: ( )
--	---

DISTRIBUTION:	COUNTY CLERK	NEWSPAPER	REGISTRANT
---------------	--------------	-----------	------------