## STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER A FICTITIOUS BUSINESS NAME

	OPERATING UNDER A FICTITIOUS BUSINESS NAME FILING FEE: \$18.00												
<b>Instructions</b> : 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: (Do not write the word "SAME")						
	City:		State:	Zip:				•		Zip:			
	Registrant(s) who wish to withdraw: (Use a second form to								egistrants.)				
3	Α	A					В	Name:					
	Business Mailing address:						Business Mailing address:						
	C Name:						D	Name:					
	Business Mailing address:							Business Mailing address:					
After your statement is processed, it must be published once a week for four successive weeks, (publication to start within <b>45 days</b> 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		Signature:					Signature	e:					
	A	Typed or printed name:					В	Typed or printed name:					
		Daytime telephone number:						Daytime telephone number:					
5								would like the processed statement to be returned to econtact number					
	Address: City:							State:	Zip:	Contact numl			
**************************************													
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			ISTRANT		