



**COUNTY OF INYO, STATE OF CALIFORNIA
KAMMI FOOTE, CLERK-RECORDER,
REGISTRAR OF VOTERS**

Telephone: (760) 873-8481, (760) 878-0223, (760) 876-5559, (800) 447-4696 P. O. Drawer F, Independence, CA 93526
168 N. Edwards independence, CA 93526

Withdrawing from a Partnership Operating under a Fictitious Business Name

Purpose of Withdrawal: To make available to the public a statement by person(s) or business entities withdrawing as a general partner(s) under a previously filed FBN statement. A statement of Withdrawal from Partnership may be filed but it is not required and it is up to the partner(s) to determine the necessity of filing. A statement of Withdrawal must be filed on an active Fictitious Business Name Statement only.

THIS DOES NOT CAUSE AN F.B.N. TO EXPIRE!!!!

(Business and Professions Code §17923)

(a) Any person who is a general partner in a partnership that is or has been regularly transacting business under a fictitious business name may, upon withdrawing as a general partner, file a statement of withdrawal from the partnership operating under a fictitious business name. The statement shall be executed by the person filing the statement in the same manner as a fictitious business name statement and shall be filed with the county clerk of the county where the partnership filed its fictitious business name statement.

(b) The statement shall include:

- The fictitious business name of the partnership.
- The date of which the fictitious business name statement for the partnership was filed, the file number, and the county where filed.
- The street address of its principal place of business in this state or, if it has no place of business in this state, the street address of its principal place of business outside this state, if any.
- The full names and residence addresses of the person or persons withdrawing as partners.

(c) The statement of withdrawal from the partnership operating under a fictitious business name shall be published in the same manner as the fictitious business name statement and an affidavit showing the publication of the statement shall be filed with the county clerk after the completion of the publication.

(d) The withdrawal of a general partner does not cause a fictitious business name statement to expire if the withdrawing partner files a statement of withdrawal meeting the requirements of this section.

Mailing Address Name: Address: City: Tel. #:	COUNTY CLERK FILING STAMP
1	Publish in: INYO Register

STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER FICTITIOUS BUSINESS NAME

THE FOLLOWING PERSON(S) HAS/HAVE WITHDRAWN AS GENERAL PARTNERS FROM THE PARTNERSHIP OPERATING UNDER THE FICTITIOUS BUSINESS NAME:

2	Fictitious Business Name(s) 1. _____ 3. _____ 2. _____	Articles of Incorporation or Organization Number (if applicable)
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3	Street Address & City of Principal Place of Business in California (P.O. Box alone is not acceptable)	County	Zip Code
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4	The fictitious business name referred to above was filed on:	in the County of:	Original File #
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5	Full name of Registrant	(If corporation - incorporated in what state)
	Residence Street Address	City State Zip Code
	Full name of Registrant	(If corporation - incorporated in what state)
	Residence Street Address	City State Zip Code
	Full name of Registrant	(If corporation - incorporated in what state)
	Residence Street Address	City State Zip Code

6	This Business is conducted by: <input type="checkbox"/> an individual <input type="checkbox"/> a general partnership <input type="checkbox"/> joint venture <input type="checkbox"/> a business trust <input type="checkbox"/> co-partners <input type="checkbox"/> husband and wife <input type="checkbox"/> a corporation <input type="checkbox"/> a limited partnership (check one only) <input type="checkbox"/> an unincorporated association other than a partnership <input type="checkbox"/> a limited liability company <input type="checkbox"/> state or local registered domestic partners <input type="checkbox"/> a limited liability company
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7	If registrant is not a corporation or limited liability, sign below:
SIGNATURE	TYPE OR PRINT NAME
SIGNATURE	TYPE OR PRINT NAME
SIGNATURE	TYPE OR PRINT NAME

8	If registrant is a corporation or limited liability co.:
	CORPORATION or LIMITED LIABILITY CO
	SIGNATURE AND TITLE
	TYPE OR PRINT OFFICERS NAME AND TITLE

This statement was filed with the County Clerk of INYO County on date indicated by file stamp above.

INYO COUNTY CLERK
 P. O. DRAWER F
 INDEPENDENCE, CA 93526
 PHONE 760-878-0224
 FILING FEE: \$5.00

I HEREBY CERTIFY THAT THE FOREGOING IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE
KAMMI FOOTE, COUNTY CLERK
 BY _____ DEPUTY