



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 St., Independence, CA

**ABANDONMENT OF FICTITIOUS BUSINESS NAME
BUSINESS AND PROFESSIONS CODE §17922**

If you have ceased doing business in the state, you may file a *Statement of Abandonment of Use of Fictitious Business Name Statement* and should be filed with the county clerk of the county where the original *Fictitious Business Name Statement* was filed.

The statement shall also be published in the same manner as a *Fictitious Business Name Statement*, and an affidavit showing publication shall be filed with the county clerk after the completion of publication.

The filing fee for an *Abandonment of Fictitious Business Name* is \$5.00.

Send the completed form and a check payable to the Inyo County Clerk to the address above. After the Statement is filed, three copies will be returned to you: (1) one certified copy; (2) one to be published in the local newspaper; and (3) one for your files.

Enclosed a self-addressed stamped envelope for return of the copies.

The newspaper will send a proof of publication to the county clerk.

<p style="text-align: center;">Mailing Address</p> <p>Name:</p> <p>Address:</p> <p>City:</p> <p>Tel. #:</p>	<p>COUNTY CLERK FILING STAMP</p>
<p>1</p>	<p>Publish in: INYO Register</p>

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THE FOLLOWING PERSON(S) HAS/HAVE WITHDRAWN AS GENERAL PARTNERS FROM THE PARTNERSHIP OPERATING UNDER THE FICTITIOUS BUSINESS NAME: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	<p>Fictitious Business Name(s)</p> <p>1. _____ 3. _____</p> <p>2. _____</p>	<p>Articles of Incorporation or Organization Number (if applicable)</p>
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3	<p>Street Address & City of Principal Place of Business in California (P.O. Box alone is not acceptable)</p>	<p>County</p>	<p>Zip Code</p>
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4	<p>The fictitious business name referred to above was filed on:</p>	<p>in the County of:</p>	<p>Original File #</p>
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5	<p>Full name of Registrant</p>	<p>(If corporation - incorporated in what state)</p>		
	<p>Residence Street Address</p>	<p>City</p>	<p>State</p>	<p>Zip Code</p>
	<p>Full name of Registrant</p>	<p>(If corporation - incorporated in what state)</p>		
	<p>Residence Street Address</p>	<p>City</p>	<p>State</p>	<p>Zip Code</p>
	<p>Full name of Registrant</p>	<p>(If corporation - incorporated in what state)</p>		
	<p>Residence Street Address</p>	<p>City</p>	<p>State</p>	<p>Zip Code</p>

6	<p>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</p> <p><input type="checkbox"/> co-partners <input type="checkbox"/> husband and wife <input type="checkbox"/> a corporation <input type="checkbox"/> a limited partnership</p> <p>(check one only) <input type="checkbox"/> an unincorporated association other than a partnership <input type="checkbox"/> a limited liability company</p> <p><input type="checkbox"/> state or local registered domestic partners <input type="checkbox"/> a limited liability company</p>
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7	<p>If registrant is not a corporation or limited liability, sign below:</p> <p>_____ SIGNATURE TYPE OR PRINT NAME</p> <p>_____ SIGNATURE TYPE OR PRINT NAME</p> <p>_____ SIGNATURE TYPE OR PRINT NAME</p>	8	<p>If registrant is a corporation or limited liability co.:</p> <p>_____ CORPORATION or LIMITED LIABILITY CO</p> <p>_____ SIGNATURE AND TITLE</p> <p>_____ TYPE OR PRINT OFFICERS NAME AND TITLE</p>
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This statement was filed with the County Clerk of INYO County on date indicated by file stamp above.

<p>INYO COUNTY CLERK P. O. DRAWER F INDEPENDENCE, CA 93526 PHONE 760-878-0224 FILING FEE: \$5.00</p>	<p style="text-align: center;">I HEREBY CERTIFY THAT THE FOREGOING IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE</p> <p style="text-align: center;">KAMMI FOOTE, COUNTY CLERK</p> <p>BY _____ DEPUTY</p>
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THIS FORM SHOULD BE TYPED OR PRINTED "LEGIBLY" IN BLUE OR BLACK INK