

FILING REQUESTED BY AND WHEN FILED, MAIL TO:

FOR COUNTY CLERK USE

Name:  
Street Address:  
Mailing Address:  
City:  
State: Zip Code:  
Telephone:

**STATEMENT OF WITHDRAWAL FROM PARTNERSHIP  
OPERATING UNDER FICTITIOUS BUSINESS NAME**

The following person(s) has (have) withdrawn as a general partner(s) from the partnership operating under the fictitious business name:

[1] \_\_\_\_\_,

at [2] \_\_\_\_\_.

The fictitious business name of the partnership was filed in the office of the *Lassen County Clerk* on:

\_\_\_\_\_ File No: \_\_\_\_\_

The full name and residence of the person(s) withdrawing as a partner(s) is (are):

[3]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[4] Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[5]  This statement is filed pursuant to Section 17919 of the Business and Professions Code.

LASSEN COUNTY FILE NUMBER: \_\_\_\_\_