MARY B. BEDARD, CPA
Kern County Auditor-Controller-County Clerk
1115 Truxtun Avenue, Bakersfield, CA 93301
(661) 868-3588

STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER A FICTITIOUS BUSINESS NAME

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. **FILING FEE: $18.00**

1	Business Name you wish to withdraw from:						
2	Street address of business:				Mailing address if different:		
	City:	State:	Zip:	County:	City:	State:	Zip:

3 Registrant(s) who wish to withdraw: (Signature of each withdrawing partner is required. Use a second form to list more registrants.)

A	Name:			B	Name:		
	Address (P.O. Box not acceptable):				Address (P.O. Box not acceptable):		
	City:	State:	Zip:		City:	State:	Zip:
	Signature:				Signature:		
C	Name:			D	Name:		
	Address (P.O. Box not acceptable):				Address (P.O. Box not acceptable):		
	City:	State:	Zip:		City:	State:	Zip:
	Signature:				Signature:		

After your statement is processed, it must be published once a week for four successive weeks, (publication to start within 30 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.)

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

4	If filing by mail, please provide mailing address you wish the processed statement to be returned to: Address: City: State: Zip:	Daytime Contact Phone Number:

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

Original FBN Statement File Number:	Original FBN Statement Filed on: / /
This statement of withdrawal filed on: (mm/dd/ccyy) / /	MARY B. BEDARD, Auditor-Controller-County Clerk By: ( )

Distribution: County Clerk Newspaper Registrant