AM	MAIL CERTIFIED COPIES TO:	B PUBLISH IN NEWSPAPER:
ADDR	RESS	COUNTY CLERK'S FILING STAMP  -
STA	ATEMENT OF WITHDRAWAL FROM PARTNERSI	HIP OPERATING UNDER FICTITIOUS BUSINESS NAME
THE	E FOLLOWING PERSONS HAVE WITHDRAWN AS GENER	RAL PARTNERS FROM THE PARTNERSHIP OPERATING UNDER:
1.	Fictitious Business Name(s)  a specific notice and to Section 15033 and the specific population operating under a flatilious business from partnership operating under a flatilious business.	section 17923 Business & Professions Code  (c) Unless a notice of dissolution of the partners the Corporations Code, the statement of withdrawal 1
2.	Street Address, City & State of Principal place of Business in California  Zip Code	
3.	The Fictitious Business Name Statement for the Partnership was filed on in the County of	
4.	Full Name of Withdrawing Partner	Full Name of Withdrawing Partner
	accomplished. The statement shieses is located. The statement shieses is located. The	Residence Address a left a 2480 08 midths already and a
	City d and aren'w sens. State   Zelslubrio 16 Zip egoc	
	my fictitious business name statement knowing is a misden (incorporation, show state of incorporation) and a misden (incorporation) as a miss & Professions Code Section 17930.	
	Full Name of Withdrawing Partner	Full Name of Withdrawing Partner
	Residence Address	Residence Address
	City State Zip	City State Zip
	(if corporation, show state of incorporation)	(if corporation, show state of incorporation)
5.	This business was conducted by ( ) an individual, ( ) individ ( ) an unincorporated association other than a partnership,	luals (Husband & Wife), ( ) a general partnership, ( ) a limited partnership ( ) a corporation, ( ) a business trust (CHECK ONE ONLY)
6A		6B. If Registrant a corporation sign below:  Corporation Name
	Signed	Signature & Title
	Typed or Printed	Type or Print Officer's Name & Title
6A	Signed	6B. If Registrant a corporation sign below: Corporation Name  Signature & Title  Type or Print Officer's Name & Title