

State of North Carolina
County of Buncombe

WITHDRAWAL OF ASSUMED NAME FOR A LIMITED LIABILITY CO

(1) The assumed name being withdrawn is:

(2) The Certificate of Assumed Name was originally filed in _____ County
on _____ day of _____, 20_____.

(3) The effective date of the withdrawal is _____ day of _____, 20_____.

(4) The following LLC has ceased engaging in business under the aforementioned Assumed
Name (Give the name and address of the LLC).

IN WITNESS WHEREOF, this certificate is signed by an officer of said LLC, this
_____ day of _____, 20_____.

Name of Limited Liability Company

Signature of Officer and Title

State of North Carolina
County of Buncombe

I, _____, a Notary Public in and for the County and State aforesaid,
do hereby certify that _____
(Name/Title)

_____ this day personally appeared before me and acknowledged the execution of the foregoing
instrument for the purpose therein expressed.

Witness My Hand and Official Seal this _____ day of _____, 20_____.

My Commission Expires:

Notary Public