

State of North Carolina
County of Buncombe

**WITHDRAWAL OF PARTNER OR PARTNERS
FOR A PARTNERSHIP, LIMITED PARTNERSHIP**

(1) The Assumed Name being withdrawn is:

(2) This business is a (CHECK ONE):

Partnership

Limited Partnership

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

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

(5) The following owner or owners have withdrawn from the business under the
aforementioned Assumed Name (Give the name and address of each owner):

IN WITNESS WHEREOF, this certificate is signed by each of the owners of said business, this
_____ day of _____, 20_____.

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