

RECORDING/FILING REQUESTED BY AND MAIL TO

NAME _____

STREET _____

CITY & STATE _____

(please print)

NOTICE OF DISSOLUTION OF PARTNERSHIP

Public notice is hereby given that _____

_____, and _____

_____, heretofore doing

business under the fictitious firm name and style of _____

_____ at _____ City of

_____, County of _____, State of California, did on

_____, by withdrawal,

the _____ day of _____, 2006, by mutual consent, dissolve

_____, by _____

the said partnership and terminate their relations as partners therein.

(NOTE): The following two paragraphs are optional features of this form and either, or both, may be stricken off if they do not apply, or amended if they are not adequate.)

Said business in the future will be conducted by _____

_____, and _____, who will pay and discharge all liabilities and debts of the firm and receive all monies payable to the firm.

Further notice is hereby given that the undersigned will not be responsible, from this day on, for any obligation incurred by the other(s) in (his) (her) (their) own name(s) or in the name of the firm.

DATED AT _____ California, this _____ day

of _____, 2006.

_____, Atty(s).

I declare that all information in this statement is true and correct.

(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

Signature _____

Please print name _____

Section 15035.3 of the Corporations Code requires that whenever a partnership is dissolved notice of the dissolution shall be published at least once in a newspaper of general circulation in the place, or in each place if more than one, at which partnership business was regularly carried on, and a printers' affidavit showing such publication shall be filed with the County Clerk within 30 days after such publication. The County Clerk will not accept for filing the original notice of dissolution.

This statement was filed with the County Clerk of Los Angeles on the date indicated by file stamp above.

WRITE 2 CHECKS: \$23.00 to LA County Clerk and \$87.00 to Acton/Agua Dulce News

MAIL 2 CHECKS AND FORM TO: ACTON/AGUA DULCE NEWS, P.O. BOX 57, ACTON, CA. 93510-0057

(661)269-1169, Fax: (661) 269-2139, Email: joycedm@pacbell.net • Lost your file number? Forgot your expiration date? Starting a new business? Call 1-900-505- 7171 Live operator no waiting - Computer Search/Look Up (\$5 first min.-extra min. \$2.)