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NOTICE OF WITHDRAWAL FROM PARTNERSHIP

State of Alabama

ATTN: Partners of _____

_____ (the "Withdrawing Partner") is of the following address:

The Withdrawing Partner is a Partner in the Partnership of _____ (the "Partnership"), formed in accordance with the provisions of a written Partnership Agreement dated _____ for the following purpose:

_____ desires to voluntarily withdraw from the Partnership.

The Withdrawing Partner will be leaving the Partnership on the following date:

_____.

The Partners remaining in the Partnership are as follows:

1. _____, located at the following address:

2. _____, located at the following address:

With this document, the Withdrawing Partner gives the following amount of notice of withdrawal: _____ in writing by registered or certified mail to the remaining Partners at each Partner's last known address.

The Partnership Agreement State of Alabama.

Signature :

Date :
