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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 :

\_\_\_\_\_