

Member Capital Withdrawal Statement

COMPANY INFORMATION

COMPANY NAME

DATE OF REQUEST

MEMBER INFORMATION

MEMBER NAME

OWNERSHIP PERCENTAGE (%)

WITHDRAWAL DETAILS

REQUESTED WITHDRAWAL AMOUNT (\$)

PREFERRED PAYMENT METHOD

PROPOSED DATE OF WITHDRAWAL

PURPOSE / REASON FOR WITHDRAWAL

CAPITAL ACCOUNT SUMMARY (OFFICIAL USE ONLY)

DESCRIPTION	AMOUNT (\$)
Capital Account Balance Prior to Withdrawal	_____
Less: Requested Withdrawal Amount	_____
Remaining Capital Account Balance	_____

AUTHORIZATION & APPROVALS

By signing below, the Member requests the withdrawal of capital as specified above, and the Managing Member(s)/Officers approve the transaction in accordance with the Company's Operating Agreement.

MEMBER SIGNATURE

DATE

AUTHORIZED APPROVER SIGNATURE

DATE