

**SUPPORT STATEMENT FOR DECLARATION TO  
WITHDRAW SHASTA COUNTY  
FROM THE STATE OF CALIFORNIA**

**PRINT NAME:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**SIGN NAME:** \_\_\_\_\_

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**SIGN NAME:** \_\_\_\_\_

**SEND COMPLETED FORMS TO: JEFFERSON  
PO BOX 737  
SHASTA, CA 96087**