

FORM MA-W

NOTICE OF WITHDRAWAL FROM REGISTRATION AS A MUNICIPAL ADVISOR

Form MA-W

A municipal advisor must complete this Form MA-W to withdraw its municipal advisor registration with the SEC. Form MA-W must be filed by both municipal advisors that are organized entities (including sole proprietors, and each hereinafter a "municipal advisory firm"); and natural persons that are municipal advisors (including sole proprietors, and each hereinafter a "natural person municipal advisor").

WARNING: Complete this form truthfully. False statements or omissions may result in administrative or civil action or criminal prosecution. All *italicized* terms are defined or described in the Glossary to this Form.

Item 1 Identifying Information

A. Full Legal Name:

The name entered here must be the same as the name entered on the registrant's most recent Form MA or Form MA-I. Do not report a name change on this Form MA-W.

B. Registrant's *Municipal Advisor* Registration Number: _____

Item 2 Contact Person (for *Municipal Advisory Firms*)

The registrant's contact person must be a principal or employee (not outside counsel) of the municipal advisor authorized to receive information and respond to questions about this Form MA-W.

Name, title, and contact information:

(name)

(title)

(number and street)

(city)

(state)

(country)

(zip+4/postal code)

(area code) (telephone number)

_____@_____

(E-mail address)

Item 3 Money Owed to *Clients*

Has the registrant:

A. Received any pre-paid municipal advisory fees for *municipal advisory activities*, including subscription fees for publications, that have not been delivered: Yes No

If "yes," what is the amount owed for these pre-paid services (including subscriptions)? \$_____.00

B. Borrowed any money from *clients* that has not been repaid?

If "yes," what is the amount owed for these borrowed funds? \$_____.00

Item 4 Advisory Contract Assignments

Has the registrant assigned any municipal advisory contracts to another *person* that engages in *municipal advisory activities*? Yes No

If yes, list on Section 4 of Schedule W1 each provider to whom the registrant has assigned any such municipal advisory contracts and provide the requested information.

Item 5 Judgments and Liens

Are there any unsatisfied judgments or liens against the registrant? Yes No

Item 6 Books and Records

NOTE: Rule 15Ba1-7(b) under the Exchange Act requires a municipal advisor to preserve its books and records after the municipal advisor ceases to conduct or discontinues business as a municipal advisor.

Provide in Schedule W1 the name and address of each *person* who has or will have custody or possession of the *municipal advisor's* books and records; and each location at which any of such books and records are or will be kept.

Item 7 Statement of Financial Condition

If registrant answered "yes" to Item 3 or Item 5, complete Schedule W2, disclosing the nature and amount of the registrant's assets and liabilities and net worth as of the last day of the month prior to the filing of this Form MA-W.

Execution

For a *Natural Person Municipal Advisor* other than a sole proprietor:

I, the undersigned, certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA-W, including exhibits and any other information submitted, are true and complete. I understand that if any information contained in this Form MA-W is different from the information contained on a Form MA-I, the information on this Form MA-W will replace the corresponding entry on the Form MA-I.

Signature: _____ Date: _____
Printed Name: _____ Title: _____

For a Sole Proprietor:

I, the undersigned, certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA-W, including exhibits and any other information submitted, are true and complete. I further certify that the books and records of my *municipal advisor-related* business will be preserved and available for inspection as required by law, and that all information submitted on my most recent Form MA and Form MA-I is accurate and complete as of this date. I understand that if any information contained in this Form MA-W is different from the information contained on my Form MA and Form MA-I, the information on this Form MA-W will replace the corresponding entry on my Form MA and Form MA-I. Finally, I authorize any *person* having custody or possession of these books and records to make them available to authorized regulatory representatives.

Signature: _____ Date: _____
Printed Name: _____ Title: _____

For a *Municipal Advisory Firm*:

I, the undersigned, have signed this Form MA-W on behalf of, and with the authority of, the *municipal advisor* withdrawing its registration. The advisor and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA-W, including exhibits and any other information submitted, are true and complete. I further certify that the *municipal advisor's* books and records will be preserved and available for inspection as required by law, and that all information submitted on the *municipal advisor's* most recent Form MA is accurate and complete as of this date. The *municipal advisor* and I understand that if any information contained in this Form MA-W is different from the information contained on Form MA, the information on this Form MA-W will replace the corresponding entry on the *municipal advisor's* Form MA. Finally, I authorize any *person* having custody or possession of these books and records to make them available to authorized regulatory representatives.

Signature: _____ Date: _____
Printed Name: _____ Title: _____

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Schedule W1

Certain items in Form MA-W may require additional information on this Schedule W1. Use this Schedule W1 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

SECTION 4 Advisory Contract Assignments

Check here if this section is being completed:

Complete the following information for each *person* to whom the registrant has assigned any advisory contract. Complete a separate Schedule W1 for each *person* to whom the registrant has assigned an advisory contract.

Name and business address of the *person* to whom advisory contracts were assigned:

(name)

(number and street)

(city) (state) (country) (zip+4/postal code)

(area code) (telephone number)

If this address is a private residence, check this box:

SECTION 6 Books and Records

Person with Custody

Complete the following information for the *person* that has or will have custody or possession of the books and records kept at the location described in this Section 6 of this Schedule. A separate Schedule W1 must be completed for each *person* that has or will have custody of any of the registrant's books and records. If the *person* listed below has or will have custody of any of the registrant's books and records at any other location, a separate Schedule W1 must be completed listing this *person* and each other location where the *person* has custody of the registrant's books and records.

(name)

(number and street)

(city) (state) (country) (zip+4/postal code)

(area code) (telephone number)

If this address is a private residence, check this box:

Location:

Complete the following information for the location where the books and records of which the *person* listed in this Section 6 of this Schedule has or will have custody or possession. A separate Schedule W1 must be completed for each location at which the registrant's records are or will be kept. If any other *person* has or will have custody or possession of any of the books and records at the location described below, a separate Schedule W1 must be completed listing this location and each other *person* that has or will have custody of the registrant's books and records.

(name)

(number and street)

(city) (state) (country) (zip+4/postal code)

(area code) (telephone number)

If this address is a private residence, check this box:

Briefly describe the books and records kept at this location. _____

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Schedule W2

If the registrant answered "yes" to Items 3 or 5 of Form MA-W, complete this Schedule W2. This balance sheet must be prepared in accordance with generally accepted accounting principles, but need not be audited.

SECTION 7 STATEMENT OF FINANCIAL CONDITION

I. Assets

Current Assets

Cash	_____
Securities at Market	_____
Non-Marketable Securities	_____
Other Current Assets	_____
Total Current Assets	\$ _____

Fixed Assets

Total Fixed Assets	\$ _____
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TOTAL ASSETS	\$ _____
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II. Liabilities & Shareholders' Equity

Current Liabilities

Prepaid Advisory Fees	_____
Short-Term Loans from <i>Clients</i>	_____
Other Short-Term Loans	_____
Other Current Liabilities	_____
Total Current Liabilities	\$ _____

Fixed Liabilities

Long-Term Debt Owed to <i>Clients</i>	_____
Other Long-Term Debt	_____
Other Long-Term Liabilities	_____
Total Fixed Liabilities	\$ _____

Shareholders' Equity

Total Shareholders' Equity (or Deficit)	\$ _____
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TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY	\$ _____
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