

FORM 1-WD

REQUEST FOR WITHDRAWAL FROM REGISTRATION

Unless otherwise directed by the PCAOB, a registered public accounting firm seeking to withdraw from registration with the PCAOB must submit this form according to the instructions for Form 1 - WD.

Please indicate if you would like to receive notification in the event that the PCAOB is requested by subpoena or other legal process to disclose this form.

PART I - IDENTITY OF THE REGISTERED PUBLIC ACCOUNTING FIRM

ITEM 1.1 - NAME OF THE FIRM REQUESTING LEAVE TO WITHDRAW

- 1. FIRM LEGAL NAME
- 2. OTHER NAMES USED

ITEM 1.2 - FIRM CONTACT INFORMATION		
HEADQUARTERS PHYSICAL ADDRESS 1a. Country	MAILING ADDRESS a. Country Same as physical address	
1b. Street Address 1	2b. Street Address 1	
is. Greet Address 1	25. Silost / Iddioss 1	
1c. Street Address 2	2c. Street Address 2	
1d. City	2d. City	
1e. State/Province	2e. State/Province	
1e-b. Non-U.S. State/Province	2e-b. Non-U.S. State/Province	
1f. Zip/Postal Code	2f. Zip/Postal Code	
3. TELEPHONE NUMBER (Including country and area coo	des)	
4. FAX NUMBER (Including country and area codes)		

ITEM 1.3 - PRIMARY CONTACT AND SIGNATORIES		
ITEM 1.3.1 - PRIMARY CONTACT		
NAME 1a. Family Name (Last Name)	1b. Given Name (First Name)	
2. BUSINESS TITLE		
3. PHYSICAL ADDRESS 3a. Country	4. MAILING ADDRESS 4a. Country Same as physical address	
3b. Street Address 1	4b. Street Address 1	
3c. Street Address 2	4c. Street Address 2	
3d. City	4d. City	
3e. State/Province	4e. State/Province	
3e-b. Non-U.S. State/Province	4e-b. Non-U.S. State/Province	
3f. Zip/Postal Code	4f. Zip/Postal Code	
5. TELEPHONE NUMBER (Including country and area codes)		
6. FAX NUMBER (Including country and area codes)		
7. EMAIL ADDRESS		

ITEM 1.3 - PRIMARY CONTACT AND SIGNATORIES (CONTINUED)		
ITEM 1.3.2 - FIRST SIGNATORY (IF DIFFERENT FROM PRIMARY CONTACT)		
1. NAME 1a. Family Name (Last Name)	1b. Given Name (First Name)	
2. BUSINESS TITLE		
3. PHYSICAL ADDRESS 3a. Country	MAILING ADDRESS 4a. Country Same as physical address	
3b. Street Address 1	4b. Street Address 1	
3c. Street Address 2	4c. Street Address 2	
3d. City	4d. City	
3e. State/Province	4e. State/Province	
3e-b. Non-U.S. State/Province	4e-b. Non-U.S. State/Province	
3f. Zip/Postal Code	4f. Zip/Postal Code	
5. TELEPHONE NUMBER (Including country and area codes)		
6. FAX NUMBER (Including country and area codes)		
7. EMAIL ADDRESS		

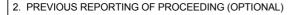
ITEM 1.3 - PRIMA	ARY CONTACT AND SIGNATORIES (CONTINUED)	
ITEM 1.3.3 - SECOND SIGNATORY (IF DIFFERENT FROM PRIMARY CONTACT)		
NAME Tanily Name (Last Name)	1b. Given Name (First Name)	
2. BUSINESS TITLE		
3. PHYSICAL ADDRESS 3a. Country	4. MAILING ADDRESS 4a. Country © Same as physical address	
3b. Street Address 1	4b. Street Address 1	
3c. Street Address 2	4c. Street Address 2	
3d. City	4d. City	
3e. State/Province	4e. State/Province	
3e-b. Non-U.S. State/Province	4e-b. Non-U.S. State/Province	
3f. Zip/Postal Code	4f. Zip/Postal Code	
5. TELEPHONE NUMBER (Including country and area codes)		
6. FAX NUMBER (Including country and area cod	les)	
7. EMAIL ADDRESS		

PART II - DESCRIPTION OF ONGOING REGULATORY OR LAW ENFORCEMENT PROCEEDINGS

ITEM 2.1 - DESCRIPTION OF ONGOING REGULATORY OR LAW ENFORCEMENT PROCEEDINGS

1. Does the registrant have any ongoing federal, state, or local investigative, disciplinary, regulatory, criminal, or other law enforcement proceedings that are known to the firm, including to any of the firm's partners or officers, and that address in whole or in part (1) conduct of the firm or (2) audit- related conduct of any of the firm's associated persons?

jn YES jn NO



2a. Was this proceeding previously reported?

to YES to NO

2b. Name of form on which proceeding was previously reported

2c. Date that the form was filed (MM/DD/YYYY)

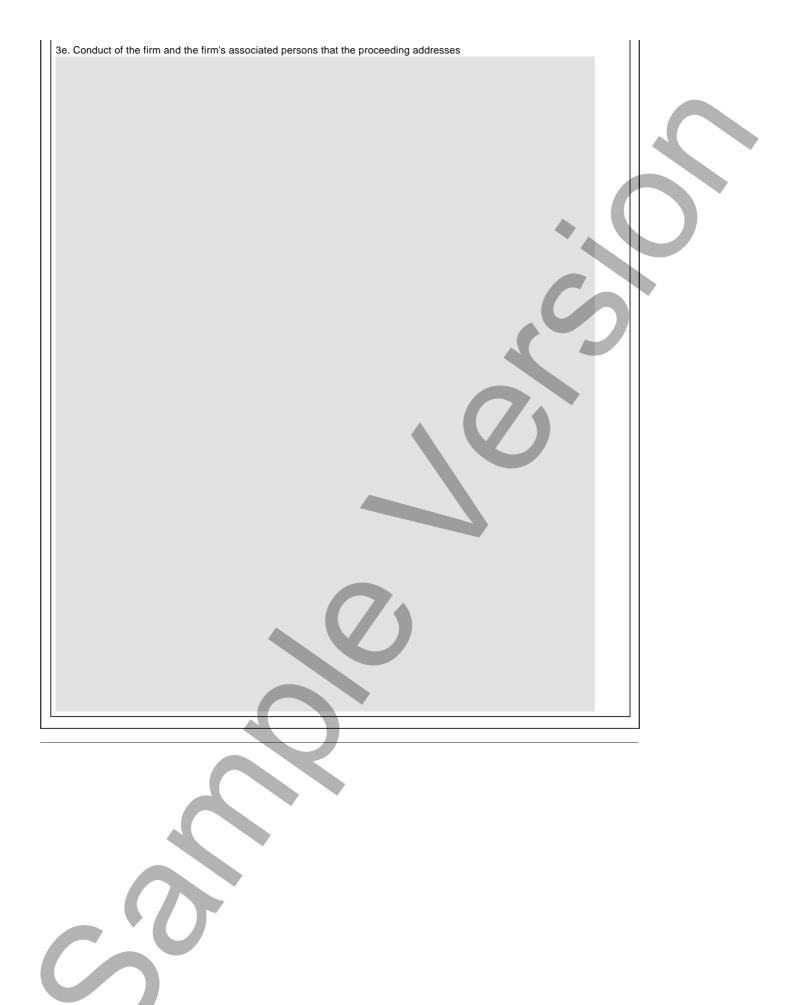
3. DESCRIPTION OF PROCEEDING

3a. Identity of the federal, state or local authority conducting the proceeding

3b. Caption or other identifying information of the proceeding

3c. Date that the firm or a partner or officer of the firm first became aware of the proceeding (MM/DD/YYYY)

3d. Firm's understanding of the current status of the proceeding

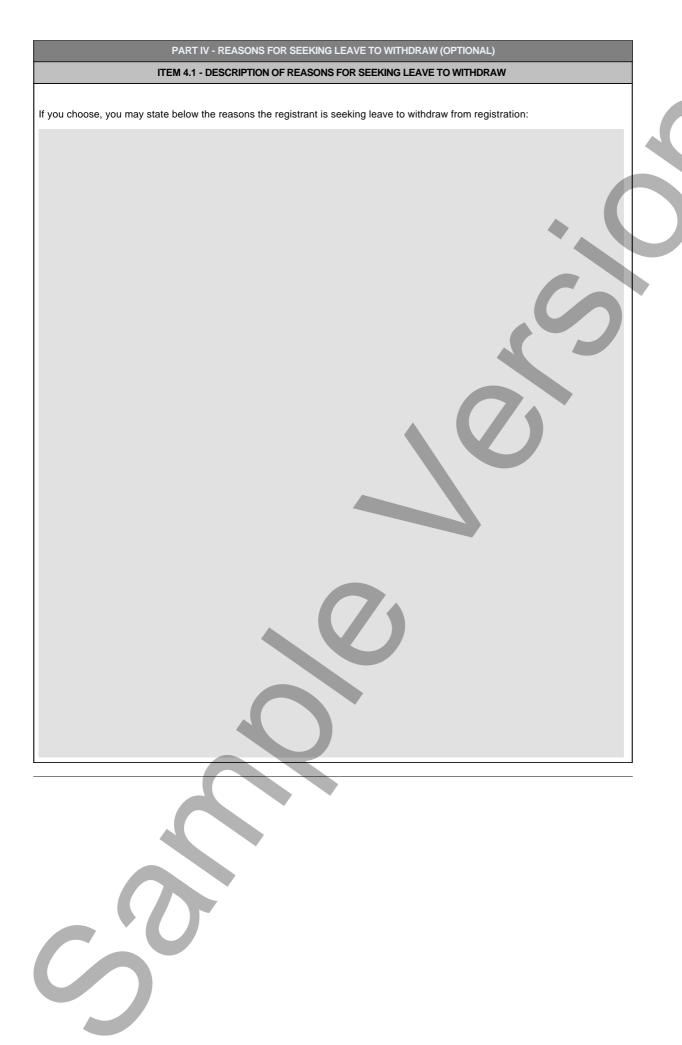


PART III - CERTIFICATION OF NONPARTICIPATION IN AUDITS Statement of Nonparticipation in Audits On behalf of I certify that is not currently, and will not during the pendency of its request for leave to withdraw be, engaged in the preparation or issuance of, or playing a substantial role in the preparation or furnishing of, an audit report, other than to issue a consent to the use of an audit report for a prior period. Signed by: Note: The Statement Signatory Name must match one of the names entered in Part I - Item 1.3 of this form. Statement Signatory is a: jn Partner jn Officer

Date (MM/DD/YYYY)



Signature



PART V - SIGNATURE OF FIRM SEEKING LEAVE TO WITHDRAW			
ITEM 5.1 - SIGNATURE OF AUTHORIZED PARTNER OR OFFICER			
I,			
untrue statement of a ricircumstances under v	naterial fact or omit to state a material fact which such statements were made, not mis	, based on my knowledge, complete and does not contain any necessary to make the statements made, in light of the leading, and that I am authorized to execute this request on	
behalf of the applicant.			
My Business Title:			
I am a:	jn Partner jn Officer		
Signature		Date (MM/DD/YYYY)	
Note: The signer above	Note: The signer above must be one of the persons entered in Part I - Item 1.3 of this form		