## Written Notification To Withdraw Signature From Petition Entitled "An Initiated Amendment Establishing A Right To Abortion In The State Constitution."

(Print first and last name)       (Street Address)	, Jane Doe	, whose residence address is <u>123 Sample Ave</u> ,
(Town)	(Print first and last name)	(Street Address)
(County of voter registration)         entitled "An Initiated Amendment Establishing a Right to Abortion in the State Constitution."         This section must be filled out and signed in the presence of a notary public       Dated this day of, 2024.         his section to be filled out oy the notary public only       Dated this day of, 2024.         STATE OF SOUTH DAKOTA       ) :SS         COUNTY OF)	, oouu	n Dakota, <u>12345</u> , and whose county of voter registration (Zip code)
This section must be filled out and signed in the presence of a notary public       Dated this day of, 2024.         Image: missing section to be filled out by the notary public only       Dated this day of, 2024.         STATE OF SOUTH DAKOTA       ) :SS         COUNTY OF)       :SS         COUNTY OF)      , 2024, before me, the undersigned officer, personally (Date)         On this the day of, 2024, before me, the undersigned officer, personally (Date)         Appeared, known to me or satisfactorily proven to be the person (Name of signer)         whose name is subscribed to this instrument and acknowledged that they executed the same or the purpose herein contained.         (Seal)       Notary Public, South Dakota My commission expires:		, state that I am withdrawing my signature from the petition
by the notary public only       (Signature)         STATE OF SOUTH DAKOTA       )         SSS       COUNTY OF	This section must be filled out and signed in the	Dated this day of , 2024.
SS       :SS         COUNTY OF	by the notary public only	
(Date)       (Month)         appeared	COUNTY OF	)
(Name of signer) whose name is subscribed to this instrument and acknowledged that they executed the same or the purpose herein contained. (Seal) Notary Public, South Dakota My commission expires:		
or the purpose herein contained. (Seal) Notary Public, South Dakota My commission expires:		, known to me or satisfactorily proven to be the person
(Seal) Notary Public, South Dakota My commission expires:	vhose name is subscribed to this i	instrument and acknowledged that they executed the same
My commission expires:	or the purpose herein contained.	
	(Seal)	Notary Public, South Dakota
(Date of commission expiration)		My commission expires: (Date of commission expiration)

Submission instructions: This notification may be delivered by hand, or by USPS registered mail to the S.D. Secretary of State at the following address: Secretary of State, Capitol Building, 500 East Capitol Avenue Ste 204, Pierre, SD 57501-5070