## **ACORD**<sub>™</sub> NEW MEXICO REVOCATION

## State of New Mexico WORKERS' COMPENSATION ADMINISTRATION

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## PLEASE TYPE OR LEGIBLY PRINT ALL ENTRIES EXCEPT SIGNATURE

<del></del> -	Sole Proprietorship
ou are notified that the undersigned hereby wain Check One)	ve(s) and revoke(s) previously filed forms, as checked below
Executive Employee Exemption, Form Sole Proprietor Exemption, Form WC/E Limited Liability Company Member Exe Election to Accept, Form WC/EB A-II (	emption, Form WC/EB A-VI
Unemployment Insurance Number:	
Federal Employer Identification Number:	
acceptance of the terms, conditions, and provisions  Type or print clearly the name and title of each office  Signature:	
Name and Title:	
Name and Title:  Signature:	Date:
	Date:
Signature:	Date:
Signature:  Name and Title:	Date:
Signature:  Name and Title:  STATE OF	Date:

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