



# STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the Secretary of State for statement of dissolution.

1. The name of the partnership is:

\_\_\_\_\_

2. The date of filed statement of partnership of authority is: \_\_\_\_\_

3. The partnership is dissolved and is winding up its business.

4. Must be signed by 2 partners.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Typed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Typed name: \_\_\_\_\_

Secretary of State use only

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Revision 09/2002

## INSTRUCTIONS

Optional: If the document is incorrect where can you be reached for questions? \_\_\_\_\_  
Complete and submit the application in duplicate.

1. Line 1 - Enter the name of the partnership as it reads on the record of the Secretary of State's Office.
2. Line 2 - Enter the date the statement of partnership authority was filed with the Secretary of State's Office.
3. Line 3 is a statement that the partnership is hereby dissolved.
4. The statement of dissolution must be signed by at least 2 partners and the persons signing the document must be identified by typing his/her name below the signature.
5. Enclose the appropriate fee:
  - a. If the application is typed, the fee is \$30.00.
  - b. If the application is not typed or a non standard form is used, the fee is \$50.00.
  - c. If expedited service is requested, add \$20.00 to the filing fee.
  - d. If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

6. Mail or deliver to:  
Office of the Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080
7. If you have questions or need help, call the Secretary of State's Office at (208) 334-2301.