



STATEMENT OF DISSOCIATION

To the SECRETARY OF STATE, STATE OF IDAHO

(Instruction on back of application)

Pursuant to Idaho Code § 53-3-704, the undersigned applies to the Secretary of State for statement of dissociation.

1. The name of the partnership is: _____

2. The date of filed statement of partnership authority is: _____
3. The following partner(s) are hereby dissociated from the above mentioned partnership.

4. Signature of at least 1 partner:

Date: _____

Signature: _____

Typed name: _____

Signature: _____

Typed Name: _____

Secretary of State use only

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Revision 1/2001

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 - Enter the names of the partner(s) being dissociated from the partnership
4. The statement of dissociation must be signed by at least 1 partner and the person 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.
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.