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**Statement of Dissolution
Partnership**

Filed pursuant to §7-64-805 of the Colorado Revised Statutes (C.R.S)

1. The true name is _____.

2. If applicable, for the entity, its ID number and entity name are

Entity name
(if different from true name) _____.

ID number _____.
(Colorado Secretary of State ID number)

3. The principal office address is

Street address _____
(Street number and name)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

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

5. This document contains additional information as provided by law.

6. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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7. The true name and mailing address of the individual causing the document to be delivered for filing are

_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>

<i>(Street name and number or Post Office Box information)</i>			

_____		_____	_____
<i>(City)</i>		<i>(State)</i>	<i>(Postal/Zip Code)</i>
_____		_____	
<i>(Province – if applicable)</i>		<i>(Country – if not US)</i>	

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This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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