

FILED EFFECTIVE



## 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:

Allred Family Partnership

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

6-11-07

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

4. Must be signed by 2 partners.

Date: 12/20/12

Signature: Jerry Allred

Typed name: Jerry Allred

Signature: Robert Allred

Typed name: Robert Allred

Secretary of State use only

g:\corp\forms\sigforms\dissolution.p65  
Revision 09/2002

IDAHO SECRETARY OF STATE  
12/27/2012 05:00  
CK: 2609 CT: 86533 BH: 1353066  
1 @ 30.00 = 30.00 STMT DISS # 2

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