



# STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO  
(Instruction on back of application)

2016 AUG 18 AM 9:30

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

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the partnership is:

Sabrina and Jonathan Bauer Sabu's Leads N Leashes

2. The date of filed statement of partnership of authority is: 4/20/2015

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

4. Must be signed by 2 partners.

Date: 08/13/2016

Signature: Sabrina Bauer

Typed name: Sabrina Bauer

Signature: Jonathan Bauer

Typed name: Jonathan Bauer

Secretary of State use only

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Revision 09/2002

IDAHO SECRETARY OF STATE

08/18/2016 05:00

CK:197 CT:319578 BH:1542432  
1@ 30.00 = 30.00 STMT DISS #2

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