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STATEMENT OF DISSOLUTION FILED EFFECTIVE

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

2017 JUN 12 AM 10:34

Pursuant to Idaho Code § 53-3-805, the undersigned applies to the ~~SECRETARY OF STATE~~ STATE OF IDAHO for statement of dissolution.

1. The name of the partnership is:

WESTON FAMILY FARMS

2. The date of filed statement of partnership of authority is: February 7, 2014

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

4. Must be signed by 2 partners.

Date: January 1, 2017

Signature: Ch. R. Penberth

Typed name: H. Ryan Weston, partner

Signature: Debra West

Typed name: Heather Weston, partner

Secretary of State use only

Vorlesung Praktische Lösungen p65
Revision 09/2012

IDAHO SECRETARY OF STATE

06/12/2017 05:00

EX:PREPAID CT:113824 BH:1588276
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