

Signature: _/ Typed name:

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: $\underline{}$	urn Key Clean
 The date of filed statement of partnersh The partnership is dissolved and is wind 	
4. Must be signed by 2 partners. August 24, 01	Secretary of State use only
Signature: Alva Child Typed name:	Agion 01/2001 (/)

OI AUG 27 PM 2: 33

IDAHO SECRETARY OF STATE

08/28/2001 05:00

CK: 685 CT: 144624 BH: 415929

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