

## STATEMENT OF DISSOLUTION

## FILED EFFECTIVE

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 id State for statement of dissolution.

1. The name of the partnership is:		SECRETARY OF STATE	
	SATISFACTION PAINTING	SECRETARY OF STATE STATE OF IDAHO	
2.* The date of filed statement of partnership of authority is:		<sup>ایک</sup> 5-30-06	
3. The partnership is disso	lved and is winding up its business.		
4. Must be signed by 2 pa	rtners.	Secretary of State use only	

4. Must be signed by 2 partners

Date: \_\_\_\_\_3-31407

Signature: \_

Typed name

Signature: ≤

Typed name:

Daniel Pincenti

Spencer Turnbull

SECRETARY OF STATE

IDAHO SECRETARY OF STATE 4/30/2007 05:00 CK: 1667 CT: 212790 BH: 1050521 1 0 38.08 = 30.08 STAT DISS \$ 2