



# 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.

2004 DEC 17 AM 10:13

STATE OF IDAHO

1. The name of the partnership is:

Guadalupe Partnership

2. The date of filed statement of partnership of authority is: May 16, 2003

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

4. Must be signed by 2 partners.

Date: December 6, 2004

Signature:

*Peter B. Livers, M.D.*

Typed name:

Peter B. Livers, M.D.

Signature:

*Rosa M. Terrazas*

Typed name:

Rosa M. Terrazas, M.D.

Secretary of State use only

g:\verpforms\signform\pdissolution.csf  
Revision 08/2002

IDAHO SECRETARY OF STATE  
12/17/2004 05:00  
CK: 19164 CT: 103007 BH: 782211  
1 @ 30.00 = 30.00 STMT DISS # 2

K 128