

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 6. for statement of dissolution.

1.	The name of the partnership is:	TuckerBarney	O. O. W.
2.	The date of filed statement of partnership of authority is:		
3.	The partnership is dissolved and is winding up its business.		

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Revisior 01/2001

4. Must be signed by 2 partners.

Date: <u>9/05/03</u> Signature: _____ Typed name: Leah Tucker Signature: <u>Con ele,</u> Typed name: __Cindv_Rarnev

Secretary of State use only

IDANO SECRETARY OF STATE 09/23/2003 CK: 3000 CT: 173131 BH: 703026 L 0 30.00 = 30.00 STMT DISS # 2