STATEMENT OF DISSOLUTION

FILED EFFECTIVE

Secretary of State use only

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 **Secreta** for statement of dissolution.

1. The name of the partnership is:	OF OF STATE
Hoke Partnership	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2. The date of filed statement of partnership of authority is:	28 Sep 2005
3. The partnership is dissolved and is winding up its business.	

4. Must be signed by 2 partners.

orms/pdissolution.p65

Signature: __

Date:

Typed name: ____

Signature:

Typed name:

Janice L. Hoke

Steven R. Hoke

Revision 090

10AHO SECRETARY OF STATE 02/24/2015 05:00

CK:1283 CT:306831 BH:1463183 10 30.00 = 30.00 STMT DISS #2 10 20.00 = 20.00 EXPEDITE C #3