



STATEMENT OF DISSOLUTION

To the SECRETARY OF STATE, STATE OF IDAHO
(Instruction on back of application)

MAY 27 AM 8:54
STATE OF IDAHO

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:
LAKESIDE SECURITY SYSTEMS

2. The date of filed statement of partnership of authority is: 05/06/04

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

4. Must be signed by 2 partners.

Date: 05/25/04

Signature:

Typed name: ROBERT E. FONTANILLES

Signature:

Typed name: SUSAN E. SCORAH

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Revision 09/2002

Secretary of State use only

K184

IDAHO SECRETARY OF STATE
05/27/2004 05:00
CK: 324 CT: 178971 BH: 747344
1 @ 30.00 = 30.00 STMT DISS # 2