Deputy Secretary of State A True Copy When Attested By Signature

Deputy Secretary of State

PARTNERSHIP

STATE OF MAINE

STATEMENT OF DISSOLUTION

Pursuant to 31 of Dissolution:	MRSA §1085, the undersigned partner who has	s not wrongfully dissociated executes and delivers the following Statemen	
FIRST:	The name of the partnership is		
SECOND:	The above named partnership has dissolved a	and is winding up its business.	
THIRD:	The undersigned declares under penalty of perjury that the contents of this statement are accurate.		
Dated			
Partner(s)*			
		_	
	(signature)	(type or print name)	
For Partner(s)	which are Entities		
Name of Entity	·		
Ву			
-	(authorized signature)	(type or print name and capacity)	

The execution of this application constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

^{*}Statement MUST be signed by a partner (31 MRSA §1005.3)

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:			
Optional special handling request(s): (check onl	ly if applicable)		
Hold attested copy for pick up (will be	e required to pick up at our office in Augusta, Maine)		
24-hour expedited filing (next busines	ss day) service: \$50 additional filing fee per entity		
Immediate expedited filing (same bus	iness day): \$100 additional filing fee per entity		
NOTE: Only one expedite fee is required if filing i	multiple documents for the same entity/charter number at the same time		
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	r (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.		
Total fee(s)	enclosed: \$		
(Name of contact person)	(Daytime telephone number)		
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)		
Name and address of person to return the attested	d copy of the completed filing:		
(Nam	ne of attested copy recipient)		
	(Firm or Company)		
	(Mailing Address)		
	(City, State & Zip)		

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service
Department of the Secretary of State

Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS

Department of the Secretary of State Corporations, UCC and Commissions 6 E. Chestnut Street, 5th Floor Augusta, ME 04330