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Statement of Dissolution

filed pursuant to [§7-90-301](#), et seq. and [§7-64-805](#) of the Colorado Revised Statutes (C.R.S)

1. True name: _____

2. Principal office address: _____
(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

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

4. *(Optional)* Delayed effective date: _____
(mm/dd/yyyy)

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(City) (State) (Postal/Zip Code)

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