

SECRETARY OF THE STATE OF CONNECTICUT

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STATEMENT OF DENIAL

CONNECTICUT PARTNERSHIP

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$120
NAME:		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
ADDRESS:		
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CITY:		
STATE:	ZIP:	
1. NAME OF THE PARTNERSHIP:		
2. THE FACT OR FACTS BEING DENIED ARE AS FOLLOWS:		
3. EXECUTION BY A PARTNER OR OTHER AUTHORIZED PERSON:		
DATED THIS	DAYOF	20
DATED THIS		, 20
I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING DOCUMENT ARE TRUE		
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

FORM GPDL-1-1.0 Rev. 7/2010