



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

STATEMENT OF DENIAL

CONNECTICUT PARTNERSHIP -USE INK. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:		FILING FEE: \$120 <i>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</i>
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 _____ DAY OF _____, 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