1. Name of the partnership:

__________________________________________________
Name must match the name on record with the secretary of state

2. The fact that is being denied:

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the ________ of ___________ , ___________ by a partner or other person named as partner.

Signature

Instructions
1. A certified copy of a statement of denial filed in another state may be filed instead of this form.
2. Submit this form with the $35 filing fee.

Notice: There is a $25 service fee for all returned checks.