1. Name of the partnership:

________________________________________________________________________

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

2. Partner dissociated from the partnership:

________________________________________________________________________

________________________________________________________________________

I/We declare the above-named partner to be dissociated from the general partnership.

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

Executed on the _______ of _______ , ________.

Day   Month   Year

If filed by a dissociating partner, the dissociating partner must sign.

________________________________________________________________________

Signature

If filed by the partnership, two partners must sign.

________________________________________________________________________

Signature

________________________________________________________________________

Signature

Instructions

1. A certified copy of a statement of dissociation 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.