

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Statement of Denial (Domestic or Foreign Partnership)

SOD

Signature of Partner	Printed Name	Title	Date
	•		_
I declare under penalty of perj	ury under the laws of the state of	Kentucky that the foregoing	g is true and correct.
4. This statement will be effec	uve upon niing.		
4. This statement will be effec	tive upon filing		
The following fact or facts s	set forth in the statement of partne	ership authority that are bei	ng denied:
2. The partnership filed a state	ement of partnership authority on:	(Date)	
,	(Name must be identical to the name	of record with the Office of the	Secretary of State)
The name of the partnershi	p is:		
Pursuant to KRS 14A and KRS statements:	S 362.1, the undersigned applies	to qualify and for that purpo	ose submits the following
(502) 564-3490 www.sos.ky.gov			
(502) 564 3400	,		

FILING INSTRUCTIONS STATEMENT OF DENIAL OF PARTNERSHIP AUTHORITY

NAME

State the exact name of the partnership.

DATE

State the date the Statement of Partnership Authority was filed with the Office of the Secretary of State.

WHO MAY SIGN

The statement must be signed by one partner or other person authorized by KRS 362.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be submitted.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the document with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee is \$20.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions or need additional forms, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.