State of California
Secretary of State

Form GP-2

STATEMENT OF DENIAL

A $30.00 filing fee must accompany this form.
IMPORTANT – Read instructions before completing this form.

1. NAME OF PARTNERSHIP	2. SECRETARY OF STATE FILE NUMBER

3. FACT DENIED, WHICH MAY INCLUDE DENIAL OF AUTHORITY OR STATUS AS A PARTNER:

4. NUMBER OF PAGES ATTACHED, IF ANY:

5. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF PARTNER

DATE EXECUTED

TYPE OR PRINT NAME OF PARTNER

COUNTY AND STATE EXECUTED

THIS SPACE FOR FILING USE ONLY

DOCUMENT # _____

6. **RETURN TO:**

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