



**COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE**

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

Statement of Denial
(Domestic or Foreign Partnership)

SOD

Pursuant to KRS 14A and KRS 362.1, the undersigned applies to qualify and for that purpose submits the following statements:

1. The name of the partnership: _____
(Name must be identical to the name of record with the Office of the Secretary of State)

2. The partnership filed a statement of partnership authority on: _____
(Date)

3. List the fact or facts set forth in the statement of partnership authority being denied.

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.
(Delayed effective date and/or time)

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

Signature of Partner Printed Name Title Date

**FINING INSTRUCTIONS
STATEMENT OF DENIAL 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

Elaine N. Walker
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATINO

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.