

CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

1.	1. The name of the limited partnership is:			
2.	ne date its certificate of limited partnership was filed with the Secretary of State:			
3.	This limited partnership [□ is] [□ is not] a limit	ed liability li	mited partnership.	
4.	The limited partnership having been dissolved and having completed the winding up of business hereby cancels its certificate of limited partnership.			
5.	Other matters (optional):			
6.	Signatures of all general partners or remaining lin	nited partne	rs:	
•	gnature			
ıу	/ped Name			
•	gnature			
Гy	/ped Name	pmd:c	Secretary of State use only	
Si	gnature	ination		
Ту	/ped Name	rpVorms\p forms\cert.of termination lp.pmd Revised07/2006		
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	/ped Name	rpVforms		

INSTRUCTIONS

Optional: If the document is incorrect, telephone number where can you be reached for corrections?

Note: Complete and submit the application in duplicate.

- Item 1. Enter the name of the limited partnership exactly as it is filed with the Office of the Secretary of State.
- Item 2. Enter the date the certificate of limited partnership was filed in this office.
- Item 3. Indicate by checking in the box whether the limited partnership is or is not a limited liability limited partnership.
- Item 4. Is a statement required by Idaho Code.
- Item 5. Optional If there are other matters you would like to show in the certificate of cancellation you may enter such information in this area.
- Item 6. The application must be signed by all general partners of the limited partnership. If there are no general partners remaining, the remaining limited partner(s) may sign. Please identify the names of the signers by typing his/her name below the signature.

Enclose the appropriate fee:

If the application is typed and there are no attachments, the fee is \$30.00.

If expedited service is requested, add \$20.00 to the filing fee.

If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:

Office of the Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.