CE 53-02

KANSAS SECRETARY OF STATE

Limited Partnership Certificate of Cancellation

CONTACT: Kansas Office of the Secretary of State

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INSTRUCTIONS: All information must be completed or this document will not be accepted for filing. **Please read instructions before completing.**

| tnership hereby cancels its certific | ate. | |
|--------------------------------------|--|--|
| Month Day Year | , | |
| | | |
| | | oing is true and correct, |
| e general partners and I/we have re | mitted the required fee. | |
| Date (month, day, year) | Signature of general partner | Date (month, day, year) |
| Date (month, day, year) | Signature of general partner | Date (month, day, year) |
| and money by filing your ca | ancellation online at www | .sos.ks.aov |
| | Month Day Year Upon filing Future effective date Month alty of perjury under the laws of the general partners and I/we have re Date (month, day, year) Date (month, day, year) | Upon filing Future effective date Month Day Year Halty of perjury under the laws of the state of Kansas that the foregoe general partners and I/we have remitted the required fee. Date (month, day, year) Signature of general partner |