



Certificate of Limited Partnership

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

REGISTRY NUMBER: _____

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

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Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME:** (Must contain the words "Limited Partnership" without abbreviation.)

2) **DURATION:** (Please check one.)

☐ Latest date upon which the entity is to dissolve is _____ or ☐ Duration shall be perpetual.

3) **ADDRESS OF THE OFFICE WHERE RECORDS OF THE PARTNERSHIP
WILL BE KEPT:** (Must be an Oregon Street Address.)

7) **NAME AND ADDRESS OF EACH GENERAL PARTNER:**

4) **REGISTERED AGENT:**

5) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be
an Oregon Street Address, which is identical to the registered agent's business
office. Must include city, state, zip; No PO Boxes.)

6) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

8) ☐ **THIS WAS CONVERTED TO A LIMITED PARTNERSHIP FROM A
PARTNERSHIP. FORMER NAME OF PARTNERSHIP:**

9) **EXECUTION:** (All general partners must sign.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true,
correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES

Required Processing Fee \$100

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."