VERMONT LIMITED PARTNERSHIP

(Vt domestic -T.11,Ch.23,§3411)

Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104 (802-828-2386)

Name of Limited Partnersh	nip: (The name must con	ntain the words "limi	ted parti	nership" or "I.p.'
Address of Office:				
The latest date upon which	h the limited partnership	is to dissolve:		
The name and the busines	s address of each GEN	ERAL PARTNER:		
The name and place of res	idence of each LIMITED	PARTNER:		
Amount of cash, descriptio	on, & agreed value of ot	her property contrib	uted by	each LTD partne
Any other matters deemed	necessary by the gene	ral partners (attach a	additiona	al sheets, if need
Process Agent's name and	address: (must be a res	ident of Vt, or other regi	stered ent	ity in this state)
			VT	
Filing date is date of accep	otance, in this office, un	ess a <u>later date:</u>		is specified.
This application must be s	igned by all of the GEN	ERAL partners.		
I personally declare, under Signature/date:	r penalty of perjury, that	the contents of this	stateme	nt are accurate.
Signature / date:				
Signature / date:				
Postal Mailing Address: \$50.00 FEE File in duplicate with self a	ddressed envelope.			
Email or phone contact.				

Web2PDF converted by Web2PDFConvert.com