



Phone: (503) 986-2200
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Certificate of Limited Partnership

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

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. For office use only

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 Limited Partnership is to dissolve is _____

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.)
Signature

Printed Name

10) **CONTACT NAME** (To resolve questions with this filing.)

DAYTIME PHONE NUMBER (Include area code.)

FEES

Required Processing Fee \$50
Confirmation Copy (Optional) \$5

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

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.