



Phone: (503) 986-2200
Fax: (503) 378-4381

Amendment/Restatement/Cancellation—Limited Partnership

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

Check the appropriate box below:

- AMENDMENT OR RESTATEMENT
(Complete only 1, 2, 7, 8)
- CERTIFICATE OF CANCELLATION
(Complete only 1, 3, 4, 5, 6, 7, 8)

REGISTRY NUMBER: _____

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** _____

AMENDMENT OR RESTATEMENT

2) **THE FOLLOWING AMENDMENT(S) TO THE CERTIFICATE OF LIMITED PARTNERSHIP IS MADE** (STATE THE SECTION NUMBER(S) AND SET FORTH THE ENTIRE SECTION(S) AS IT IS AMENDED TO READ, OR ATTACH A COPY OF THE ENTIRE RESTATED CERTIFICATE OF LIMITED PARTNERSHIP.)

CERTIFICATE OF CANCELLATION

3) **EFFECTIVE DATE OF CANCELLATION** _____
(If none is stated, the effective date will be the date filed by the Corporation Division.)

COMPLETE SECTION 4, 5, OR 6 BELOW.

4) **REASON FOR FILING CERTIFICATE OF CANCELLATION**

5) **THIS LIMITED PARTNERSHIP WAS CONVERTED TO A PARTNERSHIP. THE NAME OF THE PARTNERSHIP IS:**

6) **THIS LIMITED PARTNERSHIP MERGED WITH A PARTNERSHIP OR LIMITED PARTNERSHIP. THE SURVIVOR'S NAME IS:**

7) **EXECUTION** (At least one existing general partner and each new general partner must sign.)

Signature	Printed Name
_____	_____
_____	_____
_____	_____

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.

8) **CONTACT NAME** (To resolve questions with this filing.) _____ **DAYTIME PHONE NUMBER** (Include area code.) _____