



## Amendment/Restatement/Cancellation - Limited Partnership

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

**Check the appropriate box below:**

AMENDMENT OR RESTATEMENT

(Complete only 1, 2, 7)

CERTIFICATE OF CANCELLATION

(Complete only 1, 3, 4, 5, 6, 7)

**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.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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

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

Free copies are available at [sos.oregon.gov/business](http://sos.oregon.gov/business) using the Business Name Search program.