



**United States
of
America Republic**
Travis-Austin: Bey, Secretary of State

Corporations Division
PO Box 436885, Province IL, 60643

**Cancellation of Registration
of Limited Partnership**

(Submit with filing fee of \$25.00)

1. The name of the limited partnership in U.S.A.R.: _____
2. U.S.A.R. Charter #: _____
3. The name of the limited partnership in the parent state is: _____
4. The date the limited partnership was filed in U.S.A.R. is: _____
5. The reason for filing this certificate of cancellation in U.S.A.R.: _____

6. The effective date of this document is the date it is filed by the Secretary of State of U.S.A.R. unless a future date is otherwise indicated: _____

Date may not be more than 90 days after the filing date in this office

7. Describe any other matters that the partners want to include in this certificate:

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalites provided under Section 575.040, USRS)

Signed by all general partners

Signature

Printed Name

Date

Name and address to return filed document:

Name: _____

Address: _____

Province and Zip Code: _____