

INITIAL LIST OF GENERAL PARTNERS AND RESIDENT AGENT OF

FILE NUMBER _____

(Name of Limited Partnership)

A _____ LIMITED PARTNERSHIP FOR THE FILING PERIOD _____ TO _____
(State of Formation)

The Limited Partnership's duly appointed resident agent in the State of Nevada upon whom process can be served is:

Office Use Only

Important: Read instructions before completing and returning this form.

1. Print or type names and addresses, either post office box or street address, for all general partners. A **general partner** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
2. If there are additional general partners, attach a list of them to this form.
3. New or withdrawing general partners must be added or withdrawn by amending the certificate of limited partnership within 30 days of such occurrence.
4. Return the completed form with the \$165.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the 1st day of the 2nd month following date of initial registration.
5. Make your check payable to the **Secretary of State**. Your cancelled check will constitute a certificate to transact business. If you need a receipt, return page 2 certificate and **ENCLOSE A SELF- ADDRESSED STAMPED ENVELOPE**. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
6. Return the completed form to: Secretary of State, 202 North Carson Street Carson City, NV 89701-4201, (775) 684-5708.

FILING FEE: \$165.00 LATE PENALTY: \$50.00
THIS FORM MUST BE FILED BY THE 1st DAY OF THE 2nd MONTH FOLLOWING INCORPORATION DATE

| | |
|------------------------|----------------|
| NAME | TITLE(S) |
| GENERAL PARTNER | |
| PO BOX | STREET ADDRESS |
| CITY | ST ZIP |
| NAME | TITLE(S) |
| GENERAL PARTNER | |
| PO BOX | STREET ADDRESS |
| CITY | ST ZIP |
| NAME | TITLE(S) |
| GENERAL PARTNER | |
| PO BOX | STREET ADDRESS |
| CITY | ST ZIP |
| NAME | TITLE(S) |
| GENERAL PARTNER | |
| PO BOX | STREET ADDRESS |
| CITY | ST ZIP |
| NAME | TITLE(S) |
| GENERAL PARTNER | |
| PO BOX | STREET ADDRESS |
| CITY | ST ZIP |

I declare, to the best of my knowledge, under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of General Partner

Date