

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

**CERTIFICATE OF CANCELLATION
OF THE CERTIFICATE
OF LIMITED PARTNERSHIP
DOMESTIC LIMITED PARTNERSHIP**

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$125 payable to SECRETARY OF STATE

Telephone # _____

FAX # _____

The undersigned, on behalf of the limited partnership named below, hereby certifies that:

1. The name of the limited partnership is _____

Note: This must be the exact limited partnership name.

2. The date of filing the Certificate of Limited Partnership is _____

3. The effective date of cancellation if it is not to be effective upon filing of the certificate is: _____

4. The reason for filing the certificate of cancellation:

5. Any other information the general partners filing the certificate determine.

6. The undersigned are all of the general partners of the limited partnership

The certificate of cancellation must be signed by all general partners.

Dated _____

(Signature of a general partner)

(Printed Name)

Dated _____

(Signature of a general partner)

(Printed Name)

Dated _____

(Signature of a general partner)

(Printed Name)