

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

CANCELLATION OF REGISTRATION OF A FOREIGN 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 state or country of its formation _____

3. The date of filing the Certificate of Registration _____

4. The reason for filing this certificate of cancellation is:

The cancellation must be signed by a general partner in the presence of a notary public

Dated _____

(Signature of a general partner)

(Printed Name)

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20 ____ before me personally appeared _____ known to me or satisfactorily proven to be the person who is described in, and who executed the within instrument and acknowledged to me that she/he/they executed the same.

My Commission Expires

Notary Public