

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845  
[corpinfo@state.sd.us](mailto:corpinfo@state.sd.us)

**CERTIFICATE OF CANCELLATION**  
**DOMESTIC LIMITED PARTNERSHIP**  
SDCL 48-7-203

**FILING FEE: \$125**

Make check payable to **SECRETARY OF STATE**

1. The Name and Business ID of the Limited Partnership is:

\_\_\_\_\_  
Name (Note: This must be the exact name as registered.)

\_\_\_\_\_  
Business ID

2. Date of filing the Certificate of Limited Partnership: \_\_\_\_\_

3. The reason for filing the Certificate of Cancellation is:

4. If the cancellation is not to be effective upon filing, the deferred effective date shall be: \_\_\_\_\_

5. Any other information the general partners filing the Certificate of Cancellation determine:

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

The Certificate of Cancellation must be signed by **ALL** general partners (SDCL 48-7-204(3)).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name