



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

ABOVE SPACE IS FOR OFFICE USE ONLY

Statement of Partnership Authority

NRS 87.4318, 87.4327, 87.4328 and 87.4349,

The Statement completes the following:

☐ Formation ☐ Dissociation ☐ Denial ☐ Amendment ☐ Cancellation

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Partnership Information:	Name of Partnership: <input type="text"/> Entity or Nevada Business Identification Number (NVID): <input type="text"/> (If entity currently on file)
2. File Date:	File date of Partnership currently on record: <input type="text"/>
3. Chief Executive Office:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip/Postal Code Country <input type="text"/>
4. One Office in this State, if there is one:	<input type="text"/> <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code
5. All Partners or Appointed Agent Maintained by the Partnership:	1) <input type="text"/> <input type="text"/> Name of Partner or Appointed Agent Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mailing Address City State ZipPostal Code 2) <input type="text"/> <input type="text"/> Name of Partner Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mailing Address City State Zip/Postal Code
6. Partners Authorized to Execute an Instrument Transferring Real Property:	<input type="text"/> <input type="text"/> Partners Name (Required) Partners Name (Required) <input type="text"/> <input type="text"/> Partners Name Partners Name
7. Other Authority, or Limitations on the Authority:	
8. Dissociation:	The Following Partner is Dissociated from the Partnership: <input type="text"/>
9. Statement of Denial:	Facts(s) being denied:



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10. Amendment:	The statement has been amended as follows: (provide section number, if available)
11. Cancellation	Substance of Cancellation:
12. Signature of Partner:	<p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <p>X _____ <input type="text"/> Signature of Partner Date</p>

Please include any required or optional information in space below:
(attach additional page(s) if necessary)