060401

ROSS MILLER
Secretary of State
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Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

Application for Registration of Foreign Limited Partnership

(PURSUANT TO NRS 88.575)

USE BLACK INK ONLY - DO NOT HIGHLIGHT **ABOVE SPACE IS FOR OFFICE USE ONLY**

1. Name of Foreign Limited Partnership:

2. Name Being Registered with Nevada: (see instructions)

3. Date and State or Country of Formation:

Date Formed | State or Country where Authorized

4. Registered Agent for Service of Process: (check only one box)

☐ Commercial Registered Agent: Name

☐ Noncommercial Registered Agent (name and address below) ***OR*** ☐ Office or Position with Entity (name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

This Foreign Limited Partnership hereby undertakes to keep a list of the names and addresses of the limited partners and their capital contributions at this office until its registration in Nevada is canceled or withdrawn.

In the event the above-designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

5. Street Address of Principal Office: (see instructions)

Street Address | City | State | Zip Code

6. Name and Address of Each General Partner: (attach additional page if more than 2)

1) Name

Street Address | City | State | Zip Code

2) Name

Street Address | City | State | Zip Code

7. Name and Signature of General Partner Making Statement:

I hereby declare and affirm under the penalties of perjury that I am a General Partner in the above-named Foreign Limited Partnership and that the execution of this application for registration is my act and deed and that the facts stated herein are true.

Name | X **Authorized Signature**

8. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity.

X **Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity** | Date

This form must be accompanied by appropriate fees.

Reset