





**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

**Certificate of Revival**  
 (PURSUANT TO NRS CHAPTER 88)  
**Page 2**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

5. Names and addresses general partners must be set forth: (additional pages may be attached as necessary)

<input style="width: 95%;" type="text"/>	General Partner		
Name			
<input style="width: 35%;" type="text"/>	<input style="width: 35%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/>
Address	City	State	Zip Code

<input style="width: 95%;" type="text"/>	General Partner		
Name			
<input style="width: 35%;" type="text"/>	<input style="width: 35%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/>
Address	City	State	Zip Code

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Name			
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6. The undersigned declare that the limited partnership desires to revive its certificate and is, or has been, organized and carrying on the business authorized by its existing or original certificate and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 88.

7. The undersigned declares that he/she has been designated or appointed by the general partners to sign this certificate. Furthermore, the execution and filing of this certificate has been approved and secured by the written consent of the general partners holding at least a majority of the voting powers.

I declare under the penalty of perjury that the revival has been authorized by a court of competent jurisdiction or by the general partners of the limited partnership.

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.

**X**  
 \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**A REGISTERED AGENT ACCEPTANCE *MUST* ACCOMPANY THIS CERTIFICATE**

**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.