*220503*

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# Cancellation of Statement of Partnership Authority

(PURSUANT TO NRS 87.4318)

**USE BLACK INK ONLY - DO NOT HIGHLIGHT**

**ABOVE SPACE IS FOR OFFICE USE ONLY**

## Cancellation of Statement of Partnership Authority
## (Pursuant to NRS 87.4318)

1. Name of partnership currently on file:

2. Statement of Partnership Authority date: _____ and file number: _____

3. Name as set forth in Statement of Partnership Authority, if different from current name:

4. Substance of Cancellation:

5. Declaration and Signature:

**I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 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 of Partner** (as authorized by NRS 87.4301 to 87.4357)

Date

**Filing Fee: $50.00**

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

***This form must be accompanied by appropriate fees.***



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