



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinglnOregon.com - Phone:(503) 986-2200

REGISTRY NUMBER:			
	For office use only		
	cordance with Oregon Revised Statute 192.410-192.490, the information on this nust release this information to all parties upon request and it will be posted on c		
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.			
1)	Name:		
	NOTE: Must contain the words "Limited Liability Partnership" or the abbrevia	tion "	LLP" or "L.L.P." Must be identical to the name of record in home jurisdiction.
2)	STATE OR COUNTRY OF REGISTRATION:	6)	BRIEF STATEMENT OF PRIMARY BUSINESS ACTIVITY:
	Date of Registration:	•	
3)	REGISTRY NUMBER IN HOME JURISDICTION	÷	
	OR: CERTIFICATE OF EXISTENCE (ATTACHED)		
	(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.	7)	Name and Address of At Least Two Partners:
4)	Address of Principal Office of Business:		
5)	ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:	•	
		-	
8)	EXECUTION: (At least one partner must sign.) By my signature, I declare as an authorized authority, that this filing h correct, and complete. Making false statements in this document is a Signature:		neen examined by me and is, to the best of my knowledge and belief, true, st the law and may be penalized by fines, imprisonment or both. Printed Name:
		-	
٠	TAOT NAMES (To see the see of section 2011)		FFF
CONTACT NAME: (To resolve questions with this filing.)			FEES
			Required Processing Fee \$275
PHONE NUMBER: (Include area code.)			Processing Fees are nonrefundable. Please make check payable to "Corporation Division."
			Free copies are available at FilingInOregon.com, using the Business Name Search program.