



## Application for Registration - Foreign Limited Partnership

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

**REGISTRY NUMBER:** \_\_\_\_\_

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.  
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME OF LIMITED PARTNERSHIP:** **NOTE:** Must be identical to the name of record in home jurisdiction.

2) **STATE OR COUNTRY OF FILING:**

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.)

4) **DATE OF FORMATION:**

5) **DURATION, IF NOT INDEFINITE:**

6) **ADDRESS OF OFFICE:** (Street address where records are kept.)

7) **THE PARTNERSHIP AGREES TO KEEP THE RECORDS REFERRED TO IN ORS 70.050 UNTIL THE FOREIGN LIMITED PARTNERSHIP'S REGISTRATION IN OREGON IS CANCELLED.**

☐ YES

8) **NAME OF REGISTERED AGENT:**

9) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

10) **ADDRESS WHERE DIVISION MAY MAIL NOTICES:**

11) **NAME AND ADDRESS OF EACH GENERAL PARTNER:**

12) **EXECUTION:** (Signature of each General Partner.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

**CONTACT NAME:** (To resolve questions with this filing.)

**PHONE NUMBER:** (Include area code.)

### FEES

Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at [FilingInOregon.com](http://FilingInOregon.com), using the Business Name Search program.