



## Application for Registration - Limited Liability 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:** (Must contain the words "Limited Liability Partnership" or the abbreviation "LLP" or "L.L.P.")

2) **PRINCIPAL OFFICE ADDRESS:**

5) **NAME AND ADDRESS OF AT LEAST TWO PARTNERS:**

3) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

4) **BRIEF STATEMENT OF PRIMARY BUSINESS ACTIVITY:**

6) **IF RENDERING A PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:**

7) **THIS REGISTRATION HAS BEEN APPROVED BY PARTNERSHIP VOTE.**

8) **EXECUTION:** (Each Partner must sign.)

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:

Title or Capacity:

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

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

### FEES

Required Processing Fee \$100

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

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