

DO NOT STAPLE

**Form LP 109
January 2005**

Filing Fee: \$50

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State.

Please do not send cash.

File # _____
Assigned by Secretary of State

Department of Business Services
Limited Partnership Division
357 Howlett Building
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

**Illinois Secretary of State
Department of Business Services**
**a. Application to Reserve Name
b. Cancellation of Reserved Name
c. Transfer of Reserved Name
(Illinois or Foreign LP or LLLP)**

Please type or print clearly.

(a.) RESERVATION OF NAME

1. Limited Partnership Name to be reserved for a period of 90 days:

(Must contain the words "Limited Partnership," "Limited Liability Limited Partnership," "L.P.," "LP," "LLL" or "L.L.L.P.," and cannot contain the words "Company," "Corporation," "Incorporated," "Inc.," "Co." or "Corp.")

2. Applicant Name: _____

3. Applicant Address: _____
Street Address

City, State, ZIP, County

4. Pursuant to the provisions of Article 1, Sections 108 and 109 of the Uniform Limited Partnership Act, the undersigned hereby applies for the reservation of the above Limited Partnership name for a period of 90 days.

Date (month, day, year)

Signature of Applicant

Name & Title (type or print)

Applicant Name if a Limited Partnership

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(b.) CANCELLATION OF RESERVED NAME: Filing Fee - \$50

The undersigned _____ hereby voluntarily
Name of Original Applicant
cancels the right to use the name _____ for LP purposes
in Illinois. This name was reserved on _____,
Month & Day Year

I affirm, under penalties of perjury, that the facts stated are true, correct and complete.

Dated _____,
Month & Day Year

Signature of Original Applicant

Name and Title (type or print)

Name if a company or other entity

(c.) TRANSFER OF RESERVED NAME

The undersigned _____
Original Applicant Name
hereby transfers to _____
Transferee Name
the right to use the name _____
for Limited Partnership purposes in Illinois.

This name was reserved on _____
Date (month, day, year)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Dated _____,
Month & Day Year

Signature of Original Applicant

Name and Title (type or print)

General Partner Name and Title if a Limited Partnership