

**FORM UPA-303**  
**January 2004**

**Illinois Uniform Partnership Act**  
**Statement of Partnership Authority**

This space for use by  
Secretary of State.

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
  
217-785-8960  
www.cyberdriveillinois.com

**Submit in duplicate. Please type or print clearly.**  
**Payment must be made by certified check, cashier's check,  
money order, Illinois attorney's check or Illinois C.P.A.'s check.**  
  
**This space for use by Secretary of State.**  
  
**Date:**  
**Assigned File #:**  
**Filing Fee: \$25**  
**Approved:**

1. Partnership Name: \_\_\_\_\_

2. File Number: \_\_\_\_\_ Federal Employer Identification Number: \_\_\_\_\_

3. Address of Chief Executive Office: \_\_\_\_\_  
Street Address (Address must be a street address. P.O. Box alone is unacceptable.)

\_\_\_\_\_  
City, State, ZIP, County

4. Address of Registered Agent's Office in the State of Illinois: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP, County

5. Names and Mailing Addresses of all Partners, or Name and Mailing Address of Agent appointed to maintain a list of names and mailing addresses of all partners:

Name	Street Address	City, State, ZIP	Title (Partner/Agent)

6. Names of Partner(s) authorized to execute an instrument transferring real property held in the name of the partnership:

7. Authority or limitation on authority of some or all partners to enter into other transactions on behalf of the partnership and any other matter (optional):

I/We declare, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ by at least two partners.  
Date Month Year

_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ City, State, ZIP
_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ City, State, ZIP
_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ City, State, ZIP
_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ City, State, ZIP

**Please submit this form in duplicate along with \$25 filing fee.**

Signatures must be in BLACK INK on an original document.

Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copy. For additional space, continue in the same format on a plain white 8.5x11" sheet of paper.