

**FORM UPA-304**  
**January 2008**

**Illinois Uniform Partnership Act**  
**Statement of Denial**

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

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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: \_\_\_\_\_  
(Name must be stated exactly as on record with the Secretary of State.)

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

3. Fact of Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 two partners.  
Day Month Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Number, Street Address

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

\_\_\_\_\_  
Number, Street Address

\_\_\_\_\_  
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 copies.