

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.

Illinois
Uniform Limited Partnership Act
Application to Adopt, Change or Cancel Assumed Name

SUBMIT IN DUPLICATE

Please type or print clearly.

Filing Fee:
• \$150 for each year or part thereof ending in 0 or 5
• \$120 for each year or part thereof ending in 1 or 6
• \$90 for each year or part thereof ending in 2 or 7
• \$60 for each year or part thereof ending in 3 or 8
• \$30 for each year or part thereof ending in 4 or 9
• \$50 to cancel or change an assumed name.
Approved:

FILE #
This space for use by Secretary of State.

- Limited Partnership Name: _____
- State or other Jurisdiction under the laws of which the Limited Partnership is formed (check one):
 Illinois (domestic)
 Foreign (specify) _____
- To Adopt** — The above-named Limited Partnership intends to adopt and transact business under the Assumed Name of:

- To Change** — The above-named Limited Partnership intends to cease transacting business under the Assumed Name of:

 and to commence transacting business under the new Assumed Name of: _____

- To Cancel** — The above-named Limited Partnership intends to cease transacting business under the Assumed Name of:

One General Partner must sign the Application to Adopt, Change or Cancel Assumed Name. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**