

Illinois
Uniform Partnership Act
**Partnership/Limited Partnership
Statement of Merger**

FILE #: _____

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
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$100.00

Approved: _____

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Name of entities that are party to the merger:

Name of Entity	Type of Entity	Domestic State or Country	Illinois Secretary of State File #	F.E.I.N #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Name of Surviving Entity, including whether the Surviving Entity is a Limited Liability Partnership or a Limited Partnership:

Name of Entity	Type of Entity	Domestic State or Country	Illinois Secretary of State File #	F.E.I.N #
_____	_____	_____	_____	_____

3. Street Address of Surviving Entity's Chief Executive Office: _____

4. Address of Surviving Entity's Office in Illinois: _____

UPA-907

5. The undersigned entities caused this statement to be signed by a duly authorized person of each entity that is party to the merger, each of whom affirms, under the penalty of perjury, that the facts herein stated are true, correct and complete.

Executed on the _____ of _____, _____ by a partner of each merging entity.
Date Month Year

1. _____ Signature	2. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ Name of Partnership or LP	_____ Name of Partnership or LP
3. _____ Signature	4. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ Name of Partnership or LP	_____ Name of Partnership or LP

For additional space, continue in the same format on a plain white 8.5x11" sheet of paper.