



Office of the Secretary of State
Corporations & Charities Division

Washington Limited Partnership

See attached detailed instructions

No Fee for Standard Service

Expedited Service \$50.00

This Box For Office Use Only

UBI Number:

LIMITED PARTNERSHIP STATEMENT OF TERMINATION

Chapter 25.10 RCW

SECTION 1

NAME OF LIMITED PARTNERSHIP: *(as currently recorded with the Office of the Secretary of State)*

THE ORIGINAL FILING DATE OF THE LIMITED PARTNERSHIP: _____

SECTION 2

ADDITIONAL INFORMATION DETERMINED NECESSARY BY GENERAL PARTNERS: *(if necessary, attach additional pages)*

SECTION 3

GENERAL PARTNER SIGNATURE *(see instructions page, all partners must sign, if necessary attach additional signatures)*

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature Printed Name/Title Date Phone Number

GENERAL PARTNER SIGNATURE *(see instructions page, all partners must sign, if necessary attach additional signatures)*

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature Printed Name/Title Date Phone Number

INSTRUCTIONS – LIMITED PARTNERSHIP STATEMENT OF TERMINATION

Please complete all sections of the Limited Partnership Statement of Termination. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

UBI Number: Please enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner of page 1.

Section 1

Indicate the limited partnership name as currently recorded with the Office of the Secretary of State and provide the date that the limited partnership was originally filed.

Section 2

Include additional information determined necessary by the general partners: If necessary, include an attachment with more detail.

Section 3

Limited Partnership Statement of Termination must be signed by all recorded general partners (*attach additional signatures, name/titles, and phone numbers as needed*)

Additional Information:

FEES: There is no filing fee for Limited Partnership Statement of Termination. If expedited service is requested, include \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". **(ALL fees are non-refundable)**

Mail completed forms and payment to:

Secretary of State
Corporation Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.