



Office of the Secretary of State  
 Corporations & Charities Division  
 (360) 725 - 0377 | www.sos.wa.gov/corps  
 801 Capitol Way S, Olympia, WA 98504-0234

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**STATEMENT OF TERMINATION**  
**Limited Partnership**  
[RCW 25.10](#)

Please provide UBI # \_\_\_\_\_

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

**EFFECTIVE DATE:**

- Date of filing
- Specify a Date \_\_\_\_\_ cannot be more than 90 days following received date

**RETURN ADDRESS FOR THIS FILING:** *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

**Attention to:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**GENERAL PARTNER SIGNATURE(S):** all partners must sign, if necessary attach additional page (s)

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

<b>General Partner Signature</b>	<b>Printed Name/Title</b>	<b>Date</b>

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

<b>General Partner Signature</b>	<b>Printed Name/Title</b>	<b>Date</b>