



# CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

1. The name of the limited partnership is:

\_\_\_\_\_

2. The date its certificate of limited partnership was filed with the Secretary of State:

\_\_\_\_\_

3. This limited partnership [  is ] [  is not ] a limited liability limited partnership.

4. The limited partnership having been dissolved and having completed the winding up of business hereby cancels its certificate of limited partnership.

5. Other matters (optional):

6. Signatures of all general partners or remaining limited partners:

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

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Revised 07/2006

Secretary of State use only

## INSTRUCTIONS

Optional: If the document is incorrect, telephone number where can you be reached for corrections?

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Note: Complete and submit the application in duplicate.

- Item 1. Enter the name of the limited partnership exactly as it is filed with the Office of the Secretary of State.
- Item 2. Enter the date the certificate of limited partnership was filed in this office.
- Item 3. Indicate by checking in the box whether the limited partnership is or is not a limited liability limited partnership.
- Item 4. Is a statement required by Idaho Code.
- Item 5. Optional - If there are other matters you would like to show in the certificate of cancellation you may enter such information in this area.
- Item 6. The application must be signed by all general partners of the limited partnership. If there are no general partners remaining, the remaining limited partner(s) may sign. Please identify the names of the signers by typing his/her name below the signature.

Enclose the appropriate fee:

If the application is typed and there are no attachments, the fee is \$30.00.

If expedited service is requested, add \$20.00 to the filing fee.

If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:

Office of the Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.