



BARBARA K. CEGAUSKE
 Secretary of State
 202 North Carson Street Carson
 City, Nevada 89701-4201 (775)
 684-5708
 Website: www.nvsos.gov

Statement of Partnership Authority

(PURSUANT TO NRS 87.4327)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Partnership:	<input style="width: 100%;" type="text"/>		
2. Street Address of the Chief Executive Office:	<input style="width: 45%;" type="text"/> Street Address	<input style="width: 20%;" type="text"/> City	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> State Zip Code
3. Street Address of Office Located in Nevada, if any:	<input style="width: 45%;" type="text"/> Street Address	<input style="width: 20%;" type="text"/> City	Nevada <input style="width: 10%;" type="text"/> Zip Code
4(a) Name and Mailing Address of Appointed Agent:	<input style="width: 100%;" type="text"/> Name of Appointed Agent		
	<input style="width: 45%;" type="text"/> Mailing Address	<input style="width: 20%;" type="text"/> City	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> State Zip Code
4(b) Name and Mailing Address of All Partners: (see section 7 of this form if more than two partners)	1) <input style="width: 100%;" type="text"/> Name of Partner		
	<input style="width: 45%;" type="text"/> Mailing Address	<input style="width: 20%;" type="text"/> City	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> State Zip Code
	2) <input style="width: 100%;" type="text"/> Name of Partner		
	<input style="width: 45%;" type="text"/> Mailing Address	<input style="width: 20%;" type="text"/> City	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> State Zip Code
5. Authority to Execute Instrument Transferring Real Property: (see section 7 of this form if more than four names)	The following partners are authorized to execute an instrument transferring real property held in the name of the partnership:		
	<input style="width: 45%;" type="text"/> Name of Partner	<input style="width: 45%;" type="text"/> Name of Partner	
	<input style="width: 45%;" type="text"/> Name of Partner	<input style="width: 45%;" type="text"/> Name of Partner	
6. Other Transactions: (optional - may state authority or limitations of some or all partners)	<input style="width: 100%; height: 40px;" type="text"/>		
7. Continuing Sections: (to continue information from any section, mark box and follow instructions)	<input type="checkbox"/> Page(s) Attached <p style="margin-left: 20px;">To continue information from any section of this form, please:</p> <p style="margin-left: 40px;">1. Mark the box at the left.</p> <p style="margin-left: 40px;">2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued.</p>		
8. Signatures: (must be executed by at least 2 partners; to continue on another page, see section 7)	<p><i>I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <p>X</p> <p>_____ Partner Signature</p> </div> <div style="width: 45%; text-align: center;"> <p>X</p> <p>_____ Partner Signature</p> </div> </div>		

Filing Fee: \$50.00



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Instructions for Partnership Authority Filings

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

Dear Customer: We value your patronage and desire to provide you the best service possible. In an effort to facilitate your filing we would appreciate your taking a moment to read the following before submitting your document. -Thank you-

- 1.) One file stamped copy of the filing will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- 2.) If paying for expedite service, include and prominently display the word *EXPEDITE* in your order instructions.
- 3.) Verify filing is submitted on the correct form prescribed by the Secretary of State.
- 4.) Forms must include appropriate signatures as required.
- 5.) All required information must be completed, signed and appropriate boxes checked or filing will be rejected.
- 6.) If adding new partners, their names and addresses must be set forth.
- 7.) Enter as much information as possible in each section of the form before continuing on an attached page.
- 8.) Attach all pages that are referenced as attachments and clarify each section being continued.
- 9.) All documents must be legible for filming and/or scanning. Use black ink only. Do not use highlighter ink.
- 10.) Please contact this office for assistance or if you have questions.
- 11.) All forms may be downloaded from our Web site www.nvsos.gov. The Nevada Revised Statutes may be obtained at <http://www.leg.state.nv.us/NRS>.

OPTIONAL EXPEDITE SERVICE

The Secretary of State offers a 24-hour, 2-hour and 1-hour expedite service on most filings processed by this office. If you choose to utilize one of these services, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour box on the customer order instruction form, or submit the separate 2-hour or 1-hour customer order instruction form, as appropriate. If not using our order form, state clearly in your cover letter that you are requesting expedited service, specify 24-hour, 2-hour or 1-hour service type, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

Expedite Service Fee 24-hour: \$125.00 2-hour: \$500.00 1-hour: \$1000.00

Note: This office *does not* fax or email confirmation of a 24-hour expedite. This office *may* fax or email confirmation of a 2-hour or 1-hour expedite if it is requested in the order instructions and the appropriate fax number or email address has been provided.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within the 24, 2 or 1-hour period. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

MAIN OFFICE:
Regular and Expedited Filings

Secretary of State
 New Filings Division
 202 North Carson Street
 Carson City NV 89701-4201
 Phone: 775-684-5708
 Fax: 775-684-7138

SATELLITE OFFICE:
Expedited Filings Only

Secretary of State – Las Vegas
 Commercial Recordings Division
 555 East Washington Ave, Suite 5200
 Las Vegas NV 89101
 Phone: 702-486-2880
 Fax: 702-486-2888



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Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested:	<input type="checkbox"/> Regular	<input type="checkbox"/> 24-Hour Expedite (additional fee included)
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Name of Entity: Date:

Return to:

Contact Name: Phone:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

Email to: Fax to:

Hold for Pick Up Mail to Address Above FedEx: Acct #

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order Credit Card (attach ePayment checklist) Trust Account:

Use balance remaining in job #



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1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested: 2-Hour Expedite (additional **\$500.00** fee included) 1-Hour Expedite (additional **\$1000.00** fee included)

Name of Entity: Date:

Return to:

Contact Name: Phone:

Return Delivery:

Email to: Fax to:

Hold for Pick Up Mail to Address Above FedEx: Acct #

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order Credit Card (attach ePayment checklist) Trust Account:

Use balance remaining in job #



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24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: *To ensure expedited service, please mark “Expedite” in a conspicuous place at the top of the service request. Please indicate method of delivery.*

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



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ePayment Checklist
(For Counter, Fax and Mail Requests)

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Service Type: Counter Mail Fax

Order Processing Requested: (Expedite Processing Requires Additional Fees)
 Regular Processing 24-HOUR Expedite 2-HOUR Expedite 1-HOUR Expedite

Payment by Card (card holder name and billing address required below)

Card Type: VISA MasterCard Discover American Express

Customer Credit Card Number: _____ V CODE*

* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month _____ Year _____

Amount to Charge Card: USD \$ _____

Order Information (required)

Entity Name/Order Reference: _____

Card Holder Information:

Name as it Appears on the Account _____
Billing Address _____
City, State, Zip _____
Telephone _____ Ext _____

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X _____
Authorized Signature **Not to Exceed Amount:** USD \$ _____