



BARBARA K. CEGAUSKE
 Secretary of State
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 City, Nevada 89701-4201 (775)
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 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: 200px;">To continue information from any section of this form, please:</p> <p style="margin-left: 200px;">1. Mark the box at the left.</p> <p style="margin-left: 200px;">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> <p>X _____ X _____</p> <p>Partner Signature Partner Signature</p>		

Filing Fee: \$50.00