

FORM UPA-303
April 2010

Illinois
Uniform Partnership Act
Statement of Partnership Authority

FILE #:

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756

217-524-8008
www.cyberdriveillinois.com

Submit in duplicate. Please type or print clearly.
Payment may be made by check
payable to Secretary of State.

This space for use by
Secretary of State.

This space for use by Secretary of State.
Date:
Filing Fee: \$25
Approved:

1. Partnership Name: _____

2. Federal Employer Identification Number (F.E.I.N): _____

3. Address of Chief Executive Office: _____
Street Address (Address must be a street address. P.O. Box alone is unacceptable.)

_____ City, State, ZIP

4. Address of Registered Agent's Office in the State of Illinois: _____
Name of Registered Agent

_____ Street Address _____ City, State, ZIP

5. Names and Mailing Addresses of all Partners, or Name and Mailing Address of Agent appointed to maintain a list of names and mailing addresses of all partners:

Name Street Address City, State, ZIP Title (Partner/Agent)

Name Street Address City, State, ZIP Title (Partner/Agent)

Name Street Address City, State, ZIP Title (Partner/Agent)

6. Name(s) of Partner(s) authorized to execute an instrument transferring real property held in the name of the partnership:

7. Authority or limitation on authority of some or all partners to enter into other transactions on behalf of the partnership and any other matter (optional):

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I/We declare, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by at least two partners.
Day Month Year

1. _____
Signature

1. _____
Street Address

Name (type or print)

City, Town

Name if a Corporation or other Entity

State, ZIP

2. _____
Signature

2. _____
Street Address

Name (type or print)

City, Town

Name if a Corporation or other Entity

State, ZIP

3. _____
Signature

3. _____
Street Address

Name (type or print)

City, Town

Name if a Corporation or other Entity

State, ZIP