

INITIAL LIST OF GENERAL PARTNERS AND RESIDENT AGENT OF

FILE NUMBER

(Name of Limited Partnership OR Limited-Liability Limited Partnership)

FOR THE FILING PERIOD OF _____ TO _____

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

1. Print or type names and addresses, either residence or business, for all general partners. A **General Partner** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
2. If there are additional general partners, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the last day of first month following registration date.
4. Make your check payable to the **Secretary of State**. Your cancelled check will constitute a certificate to transact business. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00 LATE PENALTY: \$75.00

NAME	TITLE(S) GENERAL PARTNER		
ADDRESS	CITY	ST	ZIP
NAME	TITLE(S) GENERAL PARTNER		
ADDRESS	CITY	ST	ZIP
NAME	TITLE(S) GENERAL PARTNER		
ADDRESS	CITY	ST	ZIP
NAME	TITLE(S) GENERAL PARTNER		
ADDRESS	CITY	ST	ZIP
NAME	TITLE(S) GENERAL PARTNER		
ADDRESS	CITY	ST	ZIP

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.

X Signature of General Partner

Title

Date



DEAN HELLER
Secretary of State

202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708

Instructions for Initial List and Resident Agent Form

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

ATTENTION: Pursuant to NRS, the Initial List and Resident Agent form **MUST** be in the care, custody and control of the Secretary of State by the close of business on the last day of the first month following the organization date. (Postmark date is not accepted as receipt date in the Office of the Secretary of State.)

As of November 1, 2003 the filing fee for a initial list is \$125.00. Nonprofit corporation initial lists are \$25.00.

TYPE or PRINT the following information on the Initial List and Resident Agent Form:

1. The **FILE NUMBER** and **NAME** of the entity **EXACTLY** as it is registered with this office.
2. The **FILING PERIOD** is the month and year of filing **TO** the month and year 12 months from that date. Example: if the entity date was 1/12/99 the filing period would be 1/1999 to 1/2000.
3. The name and address of the **RESIDENT AGENT** and **OTHER** names and addresses as required on the list should be entered in the boxes provided on the form. Limited-Liability Companies **MUST** indicate whether **MANAGER** or **MEMBER** is being listed.
4. The **SIGNATURE**, including his/her title and date signed **MUST** be included in the areas provided at the bottom of the form.
5. Completed **FORM, FEES and applicable PENALTIES** must be returned to the Secretary of State. Pursuant to NRS 225.085, all Initial and Annual Lists must be in the car, custody and control of the Secretary of State by the close of the business on the due date. Lists received after the due date will be returned unfiled, and will require any associated fees and penalties as a result of being late. Trackable delivery methods such as Express Mail, Federal Express, UPS Overnight may be acceptable if the package was guaranteed to be delivered on or before the due date yet failed to be timely delivered.

ADDITIONAL FORMS may be obtained through our document-on-demand service at 800-583-9486, on our website at <http://secretaryofstate.biz> or by calling 775-684-5708.

FILE STAMPED COPIES: If you wish to receive a file stamped copy, submit a duplicate copy of the list and appropriate instructions.

CERTIFIED COPIES: If you wish to receive a certified copy, enclose an additional \$30.00 per certification and appropriate instructions.

EXPEDITE FEE: Filing may be expedited for an additional \$75.00 fee.

NOTE: The Las Vegas Satellite Office will only accept **expedited** filings. Regular filings must be sent to the Carson City address.

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

(Regular and Expedited Filings Accepted)

Secretary of State
Status Division
202 N. Carson Street
Carson City, NV 89701-4201
775-684-5708 Fax 775-684-7123

(Expedited Filings Only)

Secretary of State-Satellite Office
Commercial Recordings Division
555 E. Washington Avenue, Suite 4000
Las Vegas, NV 89101
702-486-2880 Fax 702-486-2888