



STATE OF MONTANA

CANCELLATION of DOMESTIC or FOREIGN LIMITED PARTNERSHIP or LIMITED LIABILITY LIMITED PARTNERSHIP
[35-12-603, MCA](#), [35-12-1307, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Folder ID Number: _____
The folder number begins with an "L" and may be referenced at <https://www.mtsosfilings.gov>.

If the document is hand written, please print legibly or the application may be denied.

Prepare, sign, and submit with an original signature and filing fee. This is the minimum information required.

(This space for Secretary of State use only)

Required Filing fee: \$15.00
 24 Hour Priority Handling check box and **Add \$20.00**
 1 Hour Expedite Handling check box and **Add \$100.00**

Make checks payable to Secretary of State.

- The name of the Limited Partnership or Limited Liability Limited Partnership:

- The date of filing of the initial certificate of limited partnership: _____
(Month/Day/Year)
- The reason for filing the certificate of cancellation: _____

- The cancellation is effective upon filing with the Montana Secretary of State.
- I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true. (For additional signatures, attach a separate sheet of paper)

Signatures of all General Partners or person appointed pursuant to [13-12-1205\(3\)](#) and (4), MCA
Date _____
Date _____
Date _____
- Daytime Contact: Phone _____ Email _____