1) General Partnership Name:			
2) Entity Number:			
3) Address of the business<			
Address	City	State	Zip
4) Name*u+& Signature(s) o	of the i gpgt crit ct vpgt (s)<		
Under penalties of perjury and as an to the best of my knowledge and bel	authorized authority, I declare that this states lief, true, correct and complete.	ment of cancellation, has been examined by r	ne and is,
General Partner		Signature of General Partner	
General Partner Signature of General Partner		Signature of General Partner	
General Partner		Signature of General Partner	
General Partner	·	Signature of General Partner	

If the filer requests a copy of the **Cancellation of a I gpgt criRct vpgt uj kr** an additional exact copy of the filed document along with a return-addressed envelope with adequate first-class postage must also be submitted.

 $Under\ GRAMA\ \{63G-2-201\}, all\ registration\ information\ maintained\ by\ the\ Division\ is\ classified\ as\ public\ record.\ For\ confidentiality\ purposes,\ you\ may\ use\ the\ business\ entity\ physical\ address\ rather\ than\ the\ residential\ or\ private\ address\ of\ any\ individual\ affiliated\ with\ the\ entity.$