Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073

Statement of Cancellation of Partnership

Dear Sir or Madam:

Enclosed is the Statement of Cancellation of a Delaware Partnership to be filed in accordance with the Partnership Act of the State of Delaware. The fee to file the Certificate is $200.00. Please make your check payable to "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

encl.

rev. 07/04

STATE OF DELAWARE
STATEMENT OF CANCELLATION

1. The name of the partnership is _____
_____.

2. The original date of filing the partnership is _____
_____.

3. The reason for filing the statement of cancellation _____
_____.

4. Any other information the person filing the statement of cancellation determines to insert_____
_____.

IN WITNESS WHEREOF, the undersigned have executed this Statement of Cancellation this _____ day of _____, A.D. _____.

By:_____
Authorized Partner(s)/Person

Name:_____
Print or Type