

**Delaware Division of Corporations  
401 Federal Street – Suite 4  
Dover, DE 19901  
Ph: 302-739-3073  
Fax: 302-739-3812**

**Application for Reservation of  
Limited Partnership Name**

Dear Sir or Madam:

Enclosed please find an application for reservation of a Limited Partnership Name to be filed in accordance with the Limited Partnership Act of the State of Delaware.

The fee to file the application is \$75.00 to be accompanied with a completed application. Please make your check payable to the “Delaware Secretary of State”. An invoice and copy of your application will be returned for your records.

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. 08/06

**STATE OF DELAWARE  
LIMITED PARTNERSHIP NAME APPLICATION  
PURSUANT TO TITLE 6, SECTION 17-103  
UNIFORM PARTNERSHIP ACT**

TO THE SECRETARY OF STATE  
OF THE STATE OF DELAWARE

PLEASE RESERVE IF AVAILABLE THE FOLLOWING LIMITED PARTNERSHIP NAME:

(list name to be reserved here)

FOR THE EXCLUSIVE PERIOD OF 120 DAY PURSUANT TO THE PROVISIONS OF  
TITLE 6, SECTION 17-103 OF THE DELAWARE CODE, THE UNDERSIGNED BEING THE  
PERSON INTENDING TO FORM A PARTNERSHIP AND ADOPT THE ABOVE  
RESERVED NAME, HEREBY EXECUTES THIS APPLICATION THIS  
DAY OF \_\_\_\_\_, \_\_\_\_\_ A.D.

NAME AND ADDRESS OF APPLICANT: (if reserving for a company or firm, please list the  
firm or company name and have an attention person added to bottom after address)

BY: \_\_\_\_\_  
Signature of Applicant

Name: \_\_\_\_\_  
Print or Type Name