

State of Tennessee



Department of State

Corporate Filings

312 Rosa L. Parks Ave.

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

For Office Use Only

APPLICATION FOR RESERVATION OF LIMITED PARTNERSHIP NAME

Note: An application for name reservation need not be f led with a certif cate of limited partnership.

To the Secretary of State of the State of Tennessee:

The undersigned hereby applies for reservation of the following limited partnership name for a period of four (4) months:

(Name to be reserved)

[Note: The limited partnership name proposed for reservation must meet the requirements as outlined in the Tennessee Revised Uniform Limited Partnership Act, Section 61-2-102 (if domestic) or 61-2-907(a) (if foreign).]

The name and address of the applicant is:

Zip Code

Date: _____ , _____

Signature

Name (typed or printed)

Signer's Capacity (if other than individual capacity)