## State of New Hampshire

Filing fee: (SEE BOTTOM OF THIS PAGE) Use black print or type. Form C-3 RSA 304-A:56 & RSA 304-B

## CERTIFICATE OF CONVERSION OF A NEW HAMPSHIRE GENERAL PARTNERSHIP TO A NEW HAMPSHIRE LIMITED PARTNERSHIP

PURSUANT TO THE PROVISIONS of the New Hampshire Uniform Partnership Act, the undersigned domestic general partnership submits the following certificate of conversion:

FIRST: The name of the general partnership immediately prior to the filing of this certificate:

SECOND: The general partnership was formed in New Hampshire on \_\_\_\_\_

(date)

**THIRD:** The domestic general partnership has converted to a domestic limited partnership.

**FOURTH:** All of the partners approved the conversion.

**FIFTH:** The name of the limited partnership as set forth in its certificate of New Hampshire limited partnership:

SIXTH: The plan of conversion is on file at the principal place of business of the limited partnership at

(business address)

and a copy of the plan of conversion will be furnished by \_\_\_\_\_

(name of limited partnership)

on request and without cost, to any interest holder of \_\_\_\_\_

(name of general partnership)

(General Partnership name)

(Signature of its duly authorized partner)

(Print or type name)

Date signed:

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mail ORIGINAL WITH CERTIFICATE OF NEW HAMPSHIRE LIMITED PARTNERSHIP (FORM LP-1) AND TOTAL FEES OF \$135.00 to:

Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989 Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH

## State of New Hampshire

Filing Fee: \$100.00 Use black print or type. Form LP-1 RSA 304-B:8

## CERTIFICATE OF NEW HAMPSHIRE LIMITED PARTNERSHIP

(1) LIMITED PARTNERSHIP NAME: \_\_\_\_\_ (2) OFFICE ADDRESS: (no. & street) (city/town) (state) (zip code) **Principal Business Information:** Mailing Address: (no. & street) (city/town) (state) (zip code) Business Phone: Business Email: (3) AGENT NAME: \_\_\_\_\_ AGENT'S ADDRESS: (city/town) (no. & street) (state) (zip code) (4) LATEST DATE LIMITED PARTNERSHIP TO BE DISSOLVED: OTHER MATTERS (Attach additional sheets as necessary). (5) GENERAL PARTNER(S): (All general partners must sign, under penalties of perjury.) Α. TYPE OR PRINT NAME STREET NO. TOWN/CITY Signature STATE 7IP Β. TYPE OR PRINT NAME NO. STREET TOWN/CITY Signature STATE ZIP C. TYPE OR PRINT NAME NO. STREET Signature TOWN/CITY STATE ZIP

Date signed:

Note: The sale or offer for sale of interests of the limited partnership will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B). The interests of the limited partnership: 1) have been registered or when offered will be registered under RSA 421-B; 2) are exempted or when offered will be exempted under RSA 421-B; 3) are or will be offered in a transaction exempted from registration under RSA 421-B; 4) are not securities under RSA 421-B; OR 5) are federal covered securities under RSA 421-B. The statement above shall not by itself constitute a registration or a notice of exemption from registration of securities within the meaning of sections 448 and 461(i)(3) of the United States Internal Revenue Code and the regulation promulgated thereunder.

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