



7. Total Number of Partners: \_\_\_\_\_

8. Names and Mailing Addresses of all Partners:

\_\_\_\_\_  
Name, Street Address, City, State, ZIP

\_\_\_\_\_  
Name, Street Address, City, State, ZIP

\_\_\_\_\_  
Name, Street Address, City, State, ZIP

9. The partnership hereby applies for foreign qualification status as a Limited Liability Partnership.

10. Registration application is effective on (check one):

a) the filing date

b) another date later than but not more than 60 days subsequent to the filing date: \_\_\_\_\_  
Month, Day, Year

11. This application is accompanied by a Certificate of Good Standing (within the last 30 days), as well as a certified copy of the original LLP registration from the domicile state or country wherein the LLP is formed.

12. We declare, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ by at least two partners.  
Day Month Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Number, Street Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Number, Street Address

\_\_\_\_\_  
City, State, ZIP

**Please submit this form in duplicate along with the \$500 filing fee.**

Signatures must be in BLACK INK on an original document.

For additional space, continue in the same format on a plain white 8.5x11" sheet of paper.