

PARTNERSHIP REGISTRATION FORM

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
REGISTRAR OF CORPORATIONS
DEPARTMENT OF COMMERCE**

Filing Fee: \$100

Make Check Payable to: CNMI Treasurer

File Original & Two Copies

1. Partnership Name: _____
2. Nature of Partnership (check one): General: _____ Limited*: _____ Other: _____
*See §, Chapter 5 of the Trust Territory Corporate Regulations promulgated under Title 37 of the Trust Territory Code for "Limited Partnership Compliance".

If "Other" describe: _____

3. State the name, mailing address, citizenship and nature (see 2 above) of all partners (if not enough space, attach separate sheet):

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>CITIZENSHIP</u>	<u>NATURE</u>
-------------	------------------------	--------------------	---------------

4. Describe all partnership business activities
5. Location of principal place of business (**attach a map**) in the Commonwealth and the business mailing address: _____

6. If the partnership was formed under the laws of any jurisdiction other than the Commonwealth, state the name of the jurisdiction and the location of the principal place of business: _____

7. Date partnership was formed: _____
8. Date of partnership commenced business in the Commonwealth _____

We further certify that all of the answers made in this statement are true, complete and correct to the best of our knowledge.

(This Statement must be signed by all partners and acknowledged before a Notary Public or other person authorized to take acknowledgements.)

ACKNOWLEDGMENT

COMMONWEALTH OF THE NORTHERN)
MARIANA ISLANDS)
SAIPAN, MARIANA ISLANDS)
_____)

SS.

BEFORE ME, the undersigned authority personally appeared:

known to me to be the same persons who executed the same as their free act and deed.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

NOTARY PUBLIC