

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

Instructions: File with the Secretary of State's Business and Commercial Services Division, State Capitol, Little Rock, Arkansas 72201-1094 with payment of fees. A copy will be returned to the partnership at the listed address. PLEASE TYPE OR CLEARLY PRINT IN INK

STATEMENT OF MERGER

The undersigned, pursuant to Act 1518 of 1999, sets forth the following:

Name of Partnership or Limited partnership: (Parties to merger)	
Name of Surviving entity, including whether or not the s	surviving entity is a partnership or limited partnership:
Street Address of surviving entity's chief executive office	e:
Address of office in this State, if any:	
I understand that knowingly signing a false document is a Class C misdemeanor and is punishable by a fin	t with the intent to file with the Arkansas Secretary of State ne up to \$100.00 and/or imprisonment up to 30 days.
Authorizing Officer (Type or Print)	Authorized Signature of Partner of Surviving Entity