

FORM UPA-304
January 2008

Illinois Uniform Partnership Act
Statement of Denial

This space for use by
Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756

217-785-8960
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Submit in duplicate. Please type or print clearly.
**Payment must be made by certified check, cashier's check,
money order, Illinois attorney's check or Illinois C.P.A.'s check.**

This space for use by Secretary of State.

Date:
Assigned File #:
Filing Fee: \$25
Approved:

1. Partnership Name: _____
(Name must be stated exactly as on record with the Secretary of State.)

2. File Number: _____ Federal Employer Identification Number: _____

3. Fact of Denial: _____

I/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 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 \$25 filing fee.

Signatures must be in black ink on an original document.

Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.