**INSTRUCTIONS:** All information must be completed or this document will not be accepted for filing. **Please read instructions before completing.**

1. **Business entity ID number:**
   This is not the Federal Employer ID Number (FEIN)
   
2. **Name of limited partnership:**
   Name must match the name on record with the Secretary of State
   
3. **The Kansas limited partnership hereby cancels its certificate.**

4. **The original filing date of the certificate of limited partnership:**
   
5. **The reason for filing the cancellation:**
   
6. **Effective date:**
   - [ ] Upon filing
   - [ ] Future effective date

5. **I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, has been signed by all the general partners and I/we have remitted the required fee.**

   **Signature of general partner**
   **Date (month, day, year)**
   **Signature of general partner**
   **Date (month, day, year)**
   
   **Signature of general partner**
   **Date (month, day, year)**
   **Signature of general partner**
   **Date (month, day, year)**

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**Save time and money by filing your cancellation online at www.sos.ks.gov**

**Instructions:**
1. This form must be signed by all general partners. Attach additional pages if necessary.
2. If this form is submitted after the close of the entity’s tax year, an annual report and fee must be submitted along with or prior to cancellation. If the entity has forfeited, it must reinstate before cancellation.
3. Submit this form with the $35 filing fee.

STAY UP-TO-DATE ON YOUR ORGANIZATION’S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

**NOTICE:** There is a $25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.