



State of California Secretary of State

GP-1

File # \_\_\_\_\_

Document # \_\_\_\_\_

STATEMENT OF PARTNERSHIP AUTHORITY

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

PARTNERSHIP NAME

1. NAME OF PARTNERSHIP

OFFICE ADDRESSES (Do not abbreviate the city. Items 2 and 3 cannot be P.O. Boxes.)

2. STREET ADDRESS OF CHIEF EXECUTIVE OFFICE CITY AND STATE ZIP CODE

3. STREET ADDRESS OF CALIFORNIA OFFICE, IF ANY CITY STATE ZIP CODE CA

NAMES & ADDRESSES OF PARTNERS (Complete Item 4 with the names and mailing addresses of all the partners (attach additional pages if necessary) OR leave Item 4 blank and proceed to Item 5. Any attachments to this document are incorporated herein by this reference.)

4. NAME ADDRESS CITY AND STATE ZIP CODE

NAME ADDRESS CITY AND STATE ZIP CODE

NAME ADDRESS CITY AND STATE ZIP CODE

APPOINTED AGENT (If Item 4 was not completed, complete Item 5 with the name and mailing address of an agent appointed and maintained by the partnership who will maintain a list of the names and mailing addresses of all the partners. If Item 4 was completed, leave Item 5 blank and proceed to Item 6.)

5. NAME ADDRESS CITY AND STATE ZIP CODE

AUTHORIZED PARTNERS (Enter the name(s) of all the partners authorized to execute instruments transferring real property held in the name of the partnership. Attach additional pages if necessary. Any attachments to this document are incorporated herein by this reference.)

6. PARTNER NAME: PARTNER NAME:

PARTNER NAME: PARTNER NAME:

PARTNER NAME: PARTNER NAME:

ADDITIONAL INFORMATION

7. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE PART OF THIS DOCUMENT.

EXECUTION (If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this document. Any attachments to this document are incorporated herein by this reference.)

8. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.

SIGNATURE OF PARTNER DATE TYPE OR PRINT NAME OF PARTNER

SIGNATURE OF PARTNER DATE TYPE OR PRINT NAME OF PARTNER