

FORM UPA-908
January 2008

Illinois Uniform Partnership Act
Limited Liability Partnership/Limited
Liability Company Statement of Merger

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
www.cyberdriveillinois.com

Submit in duplicate. Please type or print clearly.
Payment must be made by check or money order
payable to Secretary of State.

This space for use by Secretary of State.

Date:
Assigned File #:
Filing Fee: \$100
Approved:

1. Name of Limited Liability Partnership and Limited Liability Company proposing to merge:

Name of Entity	Type of Entity (LLP or LLC)	Domestic State or County	Illinois Secretary of State File #
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2. The plan of merger has been approved and signed by each Limited Liability Partnership and Limited Liability Company that are parties to the merger.

3. Name of Surviving Entity, including whether or not the Surviving Entity is a Limited Liability Partnership or Limited Liability Company: _____

4. Terms and Conditions of Merger:

5. Manner and basis for converting the interests of each party to the merger into interests, obligations, or other securities of the surviving entity, or into money or other property in whole or in part:

6. Street Address of Surviving Entity's Principal Place of Business: _____

The undersigned entities caused these articles to be signed by the duly authorized person, each of whom affirms, under the penalty of perjury, that the facts herein stated are true, correct and complete.

Executed on the _____ of _____, _____ by 2 partner's of the merging Limited Liability

Date

Month

Year

Partnership and the Manager or Member of the merging Limited Liability Company.

1. _____ Signature 2. _____ Signature

Name and Title (type or print)

Name and Title (type or print)

Name of Partnership or Limited Liability Company

Name of Partnership or Limited Liability Company

3. _____ Signature 4. _____ Signature

Name and Title (type or print)

Name and Title (type or print)

Name of Partnership or Limited Liability Company

Name of Partnership or Limited Liability Company

Please submit this form in duplicate along with \$100 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 copy.

For additional space, continue in the same format on a plain white 8.5x11" sheet of paper.