ANNUAL PARTNERSHIP STATEMENT

Annual Report for the Year Ending

Annual Report for the Tear Ending
FILING FEE: \$100.00 Make Check Payable to: CNMI Treasury File Original and Two Copies
FILING: An annual statement shall be filed on or before March 31 of each year, as of December 31 of the preceding year.
Name, Mailing Address & Telephone Number of the Partnership:
State the name, resident, citizenship and nature of all partners: Name Citizenship Nature Mailing Address
Describe business activities:
Location of principal place of business in the Commonwealth:
Districts in which business is presently conducted:
If the Partnership was formed under the laws of any jurisdiction other than the Commonwealth, state the named of the jurisdiction and the location of the principal place of business:
Date Partnership was formed:
Date Partnership commenced business in the Commonwealth:

Please attached a Balance Sheet:	
We certify the fact that none of the partners is a minor or an incom	npetent person.
We also certify that all of the answers made in this statement are to our knowledge.	rue, complete and correct to the best of
(This statement must be signed by all Partners)	
Print Name of Partner Signing	Date
Print Name of Partner Signing	Date
Print Name of Partner Signing	Date
ACKNOWLEDGEMENT	
BEFORE ME, the undersigned authority personally appear	
, known to me to be the parties whose name	
me duly sworn, acknowledge to me that they signed the above and	I foregoing document for the purposes
therein set forth.	
SUBSCRIBED AND SWORN to before me this d	ay of, 20
NOTARY PUBLIC	

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