



STATE OF NEW MEXICO  
**MAGGIE TOULOUSE OLIVER**  
SECRETARY OF STATE

## General Partnership Registration Form

**Filing Fee: \$50**  
**Statute: 54-1A-303**

1. Name of the partnership: \_\_\_\_\_

2. Street address of the chief executive office: \_\_\_\_\_  
*(Cannot be a P.O. Box. Please include the city, state, and zip code.)*

3. Street address of the New Mexico office, if any: \_\_\_\_\_  
*(Cannot be a P.O. Box. Please include the city, state, and zip code.)*

4. Partner information:

(a) Name: \_\_\_\_\_

(b) Mailing address: \_\_\_\_\_  
*(Please include the city, state, and zip code.)*

(a) Name: \_\_\_\_\_

(b) Mailing address: \_\_\_\_\_  
*(Please include the city, state, and zip code.)*

5. Name of the registered agent in **New Mexico**: \_\_\_\_\_  
*(Not necessary if # 4 is answered. The registered agent shall maintain a list of the names and mailing addresses of all the partners and make it available to any person on request for good cause.)*

6. Address of the registered agent in **New Mexico**: \_\_\_\_\_  
*(Cannot be a P.O. box. Please include the state, city and zip code.)*

\_\_\_\_\_

7. Partners Authorized to execute an instrument transferring real property held in the name of the partnership:

Partner: \_\_\_\_\_

Partner: \_\_\_\_\_

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PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081  
WWW.SOS.STATE.NM.US

Partner Signatures:

Printed Name:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_