

FORM **UPA-304**

October 2014

Secretary of StateDepartment of Business Services
Limited Liability Division

501 S. Second St., Rm. 357

Springfield, IL 62756

217-524-8008

www.ilsos.gov

**Payment may be made by check
payable to Secretary of State. If
check is returned for any reason
this filing will be void.**Illinois
Uniform Partnership Act
Statement of Denial**SUBMIT IN DUPLICATE**

Type or Print Clearly.

Filing Fee: \$25**Approved:****FILE #:**

This space for use by Secretary of State.

1. Partnership Name: _____
(Name must be stated exactly as on record with the Secretary of State.)2. Check one: ☐ Partnership or ☐ Limited Liability Partnership

3. Federal Employer Identification Number: _____

4. The Fact that is being denied: _____

The undersigned declares, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by a partner.
Day Month Year

Signature

Number, Street Address

Name and Title (type or print)

City, State, Zip