



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

Statement of Merger  
(Domestic or Foreign Partnership)

SMG

Pursuant to KRS 14A and KRS 362.1-907 and/or KRS 362.2-95, the undersigned submits the following in support of this Statement of Merger:

1. The following partnership(s) or limited partnership(s) were parties to a merger and have merged into the surviving entity:

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2. The name of the surviving entity is:

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3. The street address of the surviving entity's chief executive office is

Street Address or Post Office Box Numbers	City	State	Zip Code
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4. The street address of the partnership office in Kentucky (if applicable) is:

Street Address or Post Office Box Numbers	City	State	Zip Code
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5. The surviving entity is: \_\_\_\_\_ a partnership or \_\_\_\_\_ a limited partnership.

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Partner	Print Name	Date
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Signature of Partner	Print Name	Date
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**FILING INSTRUCTIONS  
STATEMENT OF MERGER**

**NAME**

State the exact name of the partnerships (and limited partnerships) that are parties to the merger.

**SURVIVOR**

List the name of the surviving entity.

**WHO MAY SIGN**

The document must be signed by two general partners as authorized by KRS 362.

**PRINCIPAL OFFICE ADDRESS**

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be submitted.

**ADDRESSES**

List the address of the surviving entity; it must be a street location. If the surviving entity maintains an office in Kentucky, please list the address.

**WHO MUST SIGN**

The statement of merger shall be signed by two partners.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the document with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**FILING FEE**

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Michael Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 152, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION**

If you have any questions or need additional forms, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call (502) 564-3490.