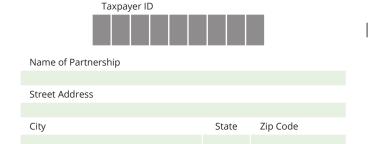






PARTNERSHIP REQUEST FOR EXTENSION



Calendar or Fiscal Year Ending

Due on or before

Check here if a request for change form is being filed

Extension to

MAIL COMPLETED FORM TO:	
Delaware Division of R	evenue
PO Bo	ox 0830
Wilmington, DE 1989	99-0830

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

△ AUTHORIZED SIGNATURE		⊞ DATE
PRINTED NAME OF AUTHORIZED SIGN	ER	
∂ PHONE NUMBER		
@ EMAIL ADDRESS		

DO NOT CUT THIS PAGE

