# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 

 SECURITIES| OMB APPROVAL |
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| OMB Number:  <br> Estimated average burden <br> hours per response: 0.5 |


| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 |  |  |  |  |  |  |  |  |
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| 1. Name and Address of Reporting Person* PYTOSH MARK A | 2. Date of Event <br> Requiring Statement <br> (Month/Day/Year) <br> $06 / 01 / 2011$ |  | 3. Issuer Name and Ticker or Trading Symbol CVR PARTNERS, LP [ UAN ] |  |  |  |  |  |
| (Last) (First) (Middle) <br> C/O CVR PARTNERS, LP <br> 2277 PLAZA DRIVE, SUITE 500 |  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |  | 5. If Amendment, Date of Original Filed (Month/Day/Year) |  |  |
| (Street)   <br> SUGAR TX 77479 <br> LAND   |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line) <br> X Form filed by One Reporting Person <br> Form filed by More than One Reporting Person |  |  |
| (City) (State) (Zip) |  |  |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned |  |  |  |  |  |  |  |  |
| 1. Title of Security (Instr. 4) |  |  | 2. Amount of Securities <br> Beneficially Owned (Instr. 4) 3. Ownership <br> Form: Direct (D) <br> or Indirect (I) <br> (Instr. 5) |  |  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |  |  |
| Common Units |  |  | ,000 D |  |  |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |  |  |  |  |  |  |
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |  | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |  | 4. <br> Conversion or Exercise Price of Derivative Security |  | 5. <br> Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|  | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |  |  |  |  |

Explanation of Responses:
$\underline{/ \mathrm{s} / \text { Susan M. Ball, Attorney-in- }} \underline{\underline{\text { fact }}} \underline{\underline{06 / 03 / 2011}}$

| ** Signature of Reporting Person | Date |
| :--- | :--- |

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## LIMITED POWER OF ATTORNEY

The undersigned, being a person who will be subject to the reporting obligations of Section 16 of the Securities Exchange Act of 1934, as amended (the "Act"), with respect to securities of CVR Partners, LP (the "Partnership"), hereby constitutes and appoints each of Edmund S. Gross, Edward Morgan and Susan M. Ball as the undersigned's true and lawful attorney-in-fact and agent solely so as to permit the undersigned to file Forms 3, 4, and 5 with the Securities and Exchange Commission on the undersigned's behalf pursuant to Section 16 of the Act, and the rules and regulations promulgated thereunder, or any successor laws and regulations, as a consequence of the undersigned's ownership, acquisition or disposition of equity securities of the Partnership, and to peform all acts necessary in order to file such forms as he or she, as applicable, shall deem appropriate. The undersigned hereby ratifies and confirms all that said attorneys-in-fact and agents shall do or cause to be done by virtue hereof.

This Limited Power of Attorney shall remain in full force and effect unless earlier revoked by the undersigned in a writing delivered to the foregoing attorneys-in-fact.

This Limited Power of Attorney is executed as of May 31, 2011.
/s/ Mark A. Pytosh
Mark A. Pytosh


[^0]:    Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly

    * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
    ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. $78 f(\mathrm{a})$
    Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.
    Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

