

Filing Fee \$25

SUBMIT IN DUPLICATE!



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SOSIL 5001548 FILED 202  
25.00 MU

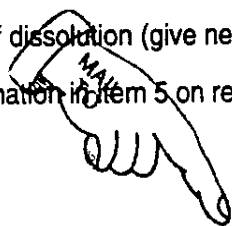
Return to: Department of  
Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, IL 62756  
Telephone: (217) 785-8960  
http://www.sos.state.il.us.

All correspondence regard-  
ing this filing will be sent to  
the registered agent of the  
limited partnership unless a  
self-addressed envelope with  
pre-paid postage is included.

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)  
(Please type or print clearly)

1. Limited partnership's name: CHICAGO RIDGE NURSING CENTER LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: 5001548
3. Federal Employer Identification Number (F.E.I.N.): 360101336
4. The certificate of limited partnership is amended as follows:  
(Check all applicable changes here and specify them in item 5.)  
(Address changes, P.O. Box alone and c/o are unacceptable)
  - a) Admission of a new general partner (give name and business address in item 5 on reverse).
  - b) Withdrawal of a general partner (give name in item 5 on reverse).
  - c) Change of registered agent and/or registered agent's office (give new name and address, including county on item 5 on reverse).
  - d) Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county, in item 5 on reverse).
  - e) Change in the general partners name and/or business address (give name and new address in item 5 on reverse).
  - f) Change in the partners' total aggregate contribution amount (give new dollar amount in item 5 on reverse).
  - g) Change in limited partnership's name (give new name in item 5 on reverse).
  - h) Change in date of dissolution (give new date in item 5 on reverse).
  - i) Other (give information in item 5 on reverse).



*Sam Bernstein*  
*6770 N. Lincoln*  
*Lincolnwood, Ill 60646*

5. Place Item #4 changes here:

4d. 900 Skokie Boulevard  
SUITE 108  
NORTHBROOK, IL 60062  
COOK

4e. Three G Care Management, Inc.  
900 Skokie Boulevard  
SUITE 108  
NORTHBROOK, IL 60062

If additional space is needed for item 4, it must be continued in the same format on a plain white 8 1/2 x 11 sheet, which must be stapled to this form.

6. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

SIGNATURE AND NAME	BUSINESS ADDRESS
1. Signature <u><i>[Signature]</i></u>	Number/Street <u>900 SKOKIE BOULEVARD</u>
Type or print name and title <u>SAM GORENSTEIN</u> <u>SECRETARY</u>	City/town <u>NORTHBROOK</u>
Name of General Partner if a corporation or other entity <u>THREE G CARE MGMT INC</u>	State <u>IL</u> ZIP Code <u>60062</u>
2. Signature _____	Number/Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____
3. Signature _____	Number/Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

DO NOT SEND CASH!