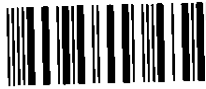


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Form LP 906
(Rev. Jan. 1999)



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4793/0022 04 001 Page 1 of 2
2000-07-20 09:25:25
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!

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 CANCELLATION
OF THE
APPLICATION FOR ADMISSION TO TRANSACT BUSINESS
(foreign limited partnership)
(Please print or type clearly)

- Limited partnership's name: Triax Midwest Associates, L.P.
- File number assigned by the Secretary of State: S 000917
- Federal Employer Identification Number (F.E.I.N.): 43-1477505
- Admitting name, if any: N/A
- Assumed name, if any: Triax Midwest Associates, Limited Partnership
- The limited partnership named above is not transacting business in Illinois and surrenders its authority to do so. It revokes the authority of its agent for service of process in Illinois and consents that service of process in any suit, action or proceeding arising out of the transaction of business in Illinois may be made on such foreign limited partnership by service thereof on the Secretary of State.
- The post office address, **including county**, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: 100 Fillmore Street, Ste. #600

Denver, Colorado 80206

(Denver County, Colorado)

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Form LP 906
(Rev. Jan, 1999)

LPR305/15/00:01:4777: 25.00 Ck01
SOSIL 5000917 FILED 906

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

The original certificate of cancellation must be signed by a general partner.

Signature See below

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

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

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State." **DO NOT SEND CASH!**

TRIAX CABLE GENERAL PARTNER, L.P.

By: Midwest Partners, L.L.C.
Sole General Partner

By: [Signature]
James DeSorrento, **MANAGER**

By: [Signature]
Christopher R. O'Toole, **MANAGER**

JAN 12 2005
0051
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MANAGER
MUST SIGN
FOR L.L.C.
CLERK'S Office