

# UNOFFICIAL COPY

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2000-09-12 16:53:52  
Cook County Recorder 23.50

Form LP 108  
(Rev. Jan. 1999)

Filing Fee  
See note on back side.

SUBMIT IN DUPLICATE!



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LPR308/23/00:01:8922: 162.50 CK01  
SOSIL C005409 FILED 108

All correspondence regarding 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

APPLICATION TO ADOPT,  
CHANGE, OR CANCEL AN ASSUMED NAME  
(Illinois or foreign limited partnership)

1. Limited partnership's name: Hawthorn Lithotripter Partners, An Illinois Limited Partnership
2. File number assigned by the Secretary of State: C005409
3. Federal Employer Identification Number (F.E.I.N.): 36-3710364
4. Admitting name, if any, under which the limited partnership has elected to transact business (foreign only):  
Not Applicable
5. State or other jurisdiction under the laws of which the limited partnership is formed is: (Check one)  
 Illinois (domestic)       Foreign (specify): \_\_\_\_\_
6. **TO ADOPT:** The above-named limited partnership intends to adopt and to transact business under the assumed name Litho Tech Service Center, L.P.
7. (a) **TO CHANGE:** The above-named limited partnership intends to cease transacting business under the assumed name Not Applicable  
  
(b) and to commence transacting business under the new assumed name of: \_\_\_\_\_  
Not Applicable

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8. **TO CANCEL:** The above-named limited partnership intends to cease transacting business under the assumed name

Not Applicable

**NOTE:** The filing fee to adopt or to change an assumed name is \$20.00 plus \$2.50 for each month or part thereof between the date of filing this application and the date upon which the limited partnership may renew its use.

Filing fee to cancel an assumed name \$5.

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

One general partner must sign this application to adopt, change or cancel an assumed name.

Signature

*Harold E. Collins*

Type or print name and title Harold E. Collins, President

Name of General Partner if a corporation or other entity Dearborn Financial Services Corp.

(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!**

**RETURN TO:**

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960  
<http://www.sos.state.il.us>

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