

UNOFFICIAL COPY

Form LP 203
(Rev. Jan. 1995)

00073282



00073282

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING \$23.50
T#0011 TRAN 9056 01/28/00 09:04:00
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COOK COUNTY RECORDER

25.00 MU
LPR301/03/00:01:3570:
SOSIL 0001001 FILED 203

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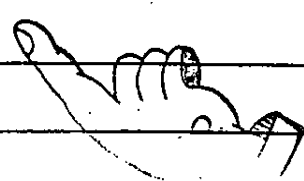
All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

- Limited partnership's name: MCM Limited Partnership
- File number assigned by the Secretary of State: C001001
- Federal Employer Identification Number (F.E.I.N.): 36-3580857
- The reason for filing this certificate of cancellation: Dissolution and Liquidation of Partnership
- This certificate of cancellation is effective on: (Check one)
 - (a) XX the filing date, or (b) _____ another date later than but not more than 60 days subsequent to the filing date:

(month, day, year)
- 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: 1564 West Algonquin Road, Hoffman Estates,
Cook County, Illinois 60195



S-yes
P-2
N-10
M-705
LAM

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

The original certificate of cancellation must be signed by all general partners.

SIGNATURE AND NAME

Signature *Mark Lambert*

Type or print name and title Mark Lambert, President

Name of General Partner if a corporation or other entity The Crown Group, Inc., an Illinois corporation

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

(Signatures 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."

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH!