



LPR301/16/01:01:5321: 75.00 CK01  
SDSIL 5017402 FILED 201

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S017402

Assigned by  
Secretary of State

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 LIMITED PARTNERSHIP  
(Illinois limited partnership)

- Limited partnership's name: THE HAMILTON FAMILY LIMITED PARTNERSHIP
- The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 2343 OHIO ST., LISLE, IL 60532  
DUPAGE COUNTY
- Federal Employer Identification Number (F.E.I.N.): 36-4261088
- This certificate of limited partnership is effective on: (Check one)  
 a) x the filing date, or b)  another date later than but not more than 60 days subsequent to the filing date: \_\_\_\_\_  
(month, day, year)
- The limited partnership's registered agent's name and registered office address is:  

Registered agent:	<u>JOHN</u>	<u>J.</u>	<u>KIELY</u>
	First name	Middle name	Last name
Registered Office:	<u>401</u>	<u>S.</u>	<u>LASALLE ST.</u>
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>CHICAGO</u>	<u>COOK</u>	<u>60605</u>
	City	County	Zip Code
- The limited partnership's purpose(s) is: INVESTMENT IN PERSONAL PROPERTY

IRS Business Code Number is: 523900

7. Dissolution date is:  Perpetual or 12/31/2050

(month, day, year)

LPR301/16/01:01:5321: 75.00 OKG  
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8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
\$60,000.00

9. A brief statement of the partners' membership termination and distribution rights:

A MAJORITY VOTE OF PARTNERS CAN CAUSE DISSOLUTION. A  
PARTNER WILL RECEIVE DISTRIBUTIONS AFTER ALL PARTNERSHIP  
DEBTS ARE PAID AND ALL PARTNER DEBTS AND LOANS ARE REPAID.  
EACH PARTNER WILL RECEIVE DISTRIBUTION PROPORTIONATELY IN  
REGARD TO THEIR RESPECTIVE INTERESTS.

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

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

All general partners are required to sign the certificate of limited partnership.

SIGNATURE AND NAME  
Signature *Patrick S. Hamilton*  
Type or print name and title PATRICK S. HAMILTON

BUSINESS ADDRESS  
Number/Street 2343 Ohio St.  
City/town Lisle

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

State IL Zip Code 60532

Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
City/town \_\_\_\_\_

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
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.)

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!