## UNOFFICIAL COPY 187736

File Number 5780-978-7

9886/0200 07 001 Page 1 of 2001-03-09 15:22:49 Cook County Recorder



## Office of Che Secretary of State

Whereas,

C-212.3

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAS BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

SANA C Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 5TH day of FEBRUARY A.D. and of 2001

the Independence of the United States the two hundred and

esse White Secretary of State

PCA-12 AND NO EATEN GREATER OF PROPERTY STATES AND ASSESSED OF THE PROPERTY OF

13.60

DOMESTIC OR FOREIGN CORPORATIONS

File # D 5780-978-7

(Rev. Mar. 1996)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 http://www.sos.state.il.us

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."

This space for use by Secretary of State

## FILED

FEB 0 5 2001

JESSE WHITE SECRETARY OF STATE

## SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 2-5-01

Filing Fee

\$ 100.00

Approved: 10

1.	(a)	Corporate name as of the date of issuance of the certificate of dissolution or revocation:			
		CHARRA	4	<u> </u>	
	(b)	Corporate name as charged:			(Note 1)
					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(c) If a foreign corporation having a certificate of authority under an assumed corpo				rate name restriction, the	
		assumed corporate name:			(Note 2)
					(14016-2)
2.	Sta	ate of incorporation:   LLINDIS			
	0 #1:46 0 2000				
3.	. Date that the certificate of dissolution of forocase.				
4.	3) N bac	me and address of the Illinois NOTICE! Completion of item ck of this form. Registered Agent Registered Office	First Name  202 S  Number Stree  Chicago	Middle Name  STATE  Suite # (A P.O. E  Zip Code	Last Name  STE 300  Solve Jone is not acceptable)  County
5.	lice	is application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, ense fee and penalties required.			
6.	affi Da		is caused this statement to iry, that the facts stated he y or Assistant Secretary) is later with the statement to	C HAK RA  (Exact Name of	LNC