3.00 0K01	Filing Fee \$75  SUBMIT IN DUPLICATE!  File # \$016200	ICIAL COLSTAND 6 51 801 Page 1 of 2000-02-25 13 Cook County Recorder
LPR301/26/00:01:0442: SDSIL S016200 FILED 201	Assigned by Secretary of State  All correspondence regarding in stiling will be sent to in a 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)
1. Limited partne	ership's name:	rading Limited Partnership

2-25 13:00:39 kecorder 25.50

001 Page 1 of



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) 30 S Wacker Dr Suit 3 1400, Chicago, II. 60606 Cook County Federal Employer Identification Number (F.E.I.N.): 36-4337010 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: Middle name irst name MAIL Last name North Wacker Dr. Registered Office Number Street Suite # (P.O. Box alone c/o are unacceptable) Chicago, Illinois 60606 Cook@Gounty Illinois City County Zip Code The limited partnership's purpose(s) is: To engage in the business of buying, selling and otherwise engaging in transactions in commodities, commodity futures and options thereon. IRS Business Code Number is: 523130 Perpetual or <u>September</u> 30 7. Dissolution date is:

C LP-3.4

(month, day, year)



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75.00		
00 · · ·	8. The total aggregate dollar amount of	cash, property and services contributed by all partners is
•• O:	\$ 200,000	
445 100		bership termination and distribution rights:
	· See Attached	
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/26/ S016		
<del></del>		
LPR30 5051L	0	المناه المنظم المنافع
*·** tes	NAME(S) & BUSINESS ADDRESS(ES) (	OF GENERAL PARTNER(S)
	The undersigned afarms, under penalties	of perjury, that the facts stated herein are true.
	All general partners are required to sign the	ne certificate of limited partnership.
Signature	SIGNATURE AND NAME	BUSINESS ADDRESS Number/Street 30 South Wacker #1400
0/		
Type or print name and title Jason Montgomery City/town Chicago		
Name of General Partner if a corporation or		0/
other entity		State Illinois Zip Code 60606
Signature		Number/Street 1929 East Coolspring
Type or print name and title Michael Montgomery		City/town <u>Michigan City</u>
the Marks		10/
Name of General Partner if a comporation or		State 7 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		0,
Signature - Williams		Number/Street_4090_Comanchoox_10\AB
Type or print name and title Roman Macudzinski		City/town New Buffalo
Name of General Partner if a corporation or		
Tother entity		State Michigan Zip Code 49117
(Signatures must be used on confo		Carbon copy, photocopy or rubber stamp signatures may only
		RETURN TO:
FORMS OF PAYMENT: Payment must be made by certified check,		Secretary of State
cashier's check, Illinois attorney's check, Illinois		Department of Business Services
C.P.A.'s check or money order, payable to "Secretary of State."		Limited Partnership Division  Room 357, Howlett Building
DO NOT SEND CASH!		Springfield, Illinois 62756 Telephone: (217) 785-8960

UNOFFICIAL COP<sup>QQ141009</sup>

STATEMENT "B"

Attachment to Certificate of Limited Partnership
TRIPLE M INDEX TRADING LIMITED PARTNERSHIP

Paragraph 9, Partner's membership termination and distribution rights:

After the Partnership has been in existence for at least twelve (12) months, a Limited Partner may request withdrawal of all or a part of his or her capital account plus undistributed profits, if any, adjusted for certain expenses as of each December 31st, by making a written request in proper form at least thirty (30) days prior to such year end.

· LPR301/26/00:01:0442: SPS71 S016200 FILED 20