

# UNOFFICIAL COPY

Form LP 201  
(Rev. Jan. 1995)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S018343

Assigned by  
Secretary of State

0020000861

9940/0066 52 001 Page 1 of 2  
2002-01-02 10:33:02  
Cook County 23.50



0020000861

LPR311/21/01:01:01:8117:  
SOSIL S018343 FILED 201  
75.00 CK01

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)

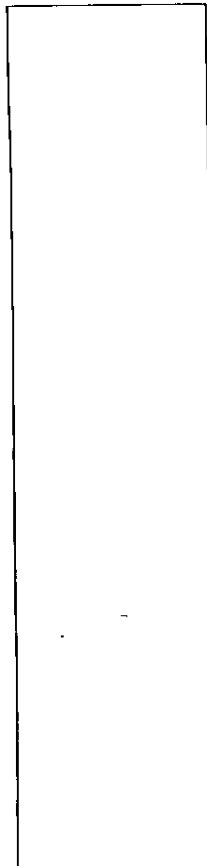
- Limited partnership's name: Tervin Investment Partnership, L.P.
- The address, **including county**, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 621 Elmore, Park Ridge, IL 60068, Cook County
- Federal Employer Identification Number (F.E.I.N.): 36-4477071
- This certificate of limited partnership is effective on: (Check one)  
a)  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>Phil</u>	<u>R.</u>	<u>Goldberg</u>
	First name	Middle name	Last name
Registered Office:	<u>4022</u>	<u>N. Sheridan Road</u>	
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60613</u>
	City	County	Zip Code
- The limited partnership's purpose(s) is: To make Joint Investments

IRS Business Code Number is: 6748

7. Dissolution date is:  Perpetual or December 31, 2099  
(month, day, year)

Handwritten initials/signature



8. The **total aggregate dollar amount** of cash, property and services contributed by all partners is  
\$1,000 (One Thousand Dollars)
9. A brief statement of the partners' membership termination and distribution rights:  
Distributions are to be made at the sole discretion of the General Partners. On termination,  
distribution of Partnership Assets will be pro-rata in relationship to the Partners' capital  
account balances.

**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	BUSINESS ADDRESS	
Signature <i>Patrick E. Tervin</i>	Number/Street <u>621 Elmore</u>	
Type or print name and title <u>Patrick E. Tervin,</u> <u>General Partner</u>	City/town <u>Park Ridge</u>	
Name of General Partner if a corporation or other entity _____	State <u>Illinois</u> Zip Code <u>60068</u>	
Signature <i>Frances E. Tervin</i>	Number/Street <u>621 Elmore</u>	
Type or print name and title <u>Frances E. Tervin,</u> <u>General Partner</u>	City/town <u>Park Ridge</u>	
Name of General Partner if a corporation or other entity _____	State <u>Illinois</u> Zip Code <u>60068</u>	
Signature _____	Number/Street _____	
Type or print name and title _____	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."

**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