

UNOFFICIAL COPY

0020619996

83 2 0009 32 002 Page 1 of 2
2002-06-04 10:58:42
Cook County Recorder 23.50

Form LP 201
(Rev. Jan. 1999)

Filing Fee \$75

COOK COUNTY RECORDER EUGENE "GENE" MOORE BRIDGEVIEW OFFICE



SUBMIT IN DUPLICATE!

File # 5018878

Assigned by
Secretary of State

Return to: Department of
Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

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.

LPR305/29/02:01:6393:
SOSIL 5018878 FILED 201
75.00 0001

- Limited partnership's name: Harold W. Anhorn 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) 6 S. 240 New Hope Road
Naperville, IL 60540 DuPage County
- Federal Employer Identification Number (F.E.I.N.): Applied for
- 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: Bruce M. Bozich
First name Middle name Last name
Registered Office: 11800 S. 75th Avenue 302
Number Street Suite #
(P.O. Box alone and c/o are unacceptable) Palos Heights Cook Illinois 60463
City County ZIP Code
- The limited partnership's purpose(s) is: To organize and hold for investment real and personal
property and to acquire and conduct such business as the General Partner may
require.

IRS Business Code Number is: 8999

- Dissolution date is: Perpetual or 3-31-2032
(month, day, year)

Form LP 201
(Rev. Jan. 1999)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$3,000 cash

9. A brief statement of the partners' membership termination and distribution rights:
Upon termination of the partnership after payment of all partnership debts and liabilities, the remaining partnership assets shall be distributed to the limited partners in accordance with each limited partner's ownership interest.

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.

1. Signature [Signature] SIGNATURE AND NAME
Type or print name and title Harold W. Ahlborn, BUSINESS ADDRESS
President
Number/Street 6 S. New Hope Road
City/town Naperville
Name of General Partner if a corporation or other entity Home Farm, Inc. State IL ZIP Code 60540

2. Signature _____
Type or print name and title _____
Number/Street _____
City/town _____
Name of General Partner if a corporation or other entity _____
State _____ ZIP Code _____

3. 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."

DO NOT SEND CASH!