

# UNOFFICIAL COPY

07589313

LP 108 (Interim)  
7/1/87 through 12/31/87

JIM EDGAR  
Secretary of State  
State of Illinois

87589313

Submit in Duplicate

Filing fee \$20.00

APPLICATION TO ADOPT,  
CHANGE, OR CANCEL AN ASSUMED NAME  
(Illinois or foreign  
limited partnership)

Validation Only

SO00363 SOSIL 10/15/87  
20.00 AS 0000000179 FILED

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned limited partnership hereby submits the following application to (adopt), (change), or (cancel) an assumed name (strike inapplicable words).

- The true name of the limited partnership is: Hall Scenicree Associates
- The limited partnership's file number is: \_\_\_\_\_  
The Federal Employer Identification Number (F.E.I.N.) is: 75-1992362 (Note 1)
- The state or other jurisdiction under the laws of which the limited partnership is formed is: (Check one)  
 Illinois (domestic), or  
 other (foreign) Specify: Texas
- TO ADOPT: The above named limited partnership intends to adopt and to transact business under the assumed name of:  
Hall Scenicree Associates Limited Partnership (Note 2)
- TO CHANGE: The above named limited partnership intends to cease transacting business under the assumed name of:  
\_\_\_\_\_ (old) and to adopt and transact business under  
the assumed name of: \_\_\_\_\_ (new). (Note 2)
- TO CANCEL: The above named limited partnership intends to cease transacting business under the assumed name of:  
\_\_\_\_\_

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

One general partner must sign the application to adopt, change or cancel an assumed name.

Signature

Robert B. Cohen  
Robert B. Cohen, a general partner of Hall 84 Associates, General  
Name (please print or type) partner of Hall Scenicree Associates

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File No.

APPLICATION TO ADOPT, CHANGE,  
OR CANCEL AN ASSUMED NAME

Filing Fee \$20

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!

All correspondence regarding this filing will  
be sent to the registered agent of the limited  
partnership unless a self-addressed enve-  
lope is included.

RETURN TO:

Secretary of State  
Corporation Department  
Limited Partnership Division  
Springfield, Illinois 62756  
Telephone (217) 785-8960

Property of Cook County Clerk's Office

m.c. #12.00

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- NOTES**
- Note 1: If the Federal Employer Identification Number has not been obtained at the time of filing this document, it shall be obtained and shall be reported to the Secretary of State within 180 days after the date of filing the certificate of limited partnership (domestic) or the application for admission to transact business (foreign).
  - Note 2: The assumed name must contain, without abbreviation, the words "limited partnership."
  - Note 3: The right to use an assumed name shall be effective for a period of five years from the date of filing by the Secretary of State.