

UNOFFICIAL COPY

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

JIM EDGAR
Secretary of State
State of Illinois

5 9 8 3 0 8
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87598308
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Submit in Duplicate

Filing fee \$20.00

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

Validation Only
5090412 66671 10/29/87
20.00 AS 0000000279 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: Eagle Food Centers, L.P.
- The limited partnership's file number is: 5000412
The Federal Employer Identification Number (F.E.I.N.) is: Pending Applied for (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: Delaware
- TO ADOPT: The above named limited partnership intends to adopt and to transact business under the assumed name of:
Eagle Food Centers, Limited Partnership (Note 2)
- TO CHANGE: The above named limited partnership intends to cease transacting business under the assumed name of:
Eagle Food Centers, L.P. (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.

EAGLE FOOD CENTERS, INC. General Partner

By: Salem P. Shuchman
Signature

Salem Shuchman, Vice President

Name (please print or type)

RECORD ROOM OF REGISTERED
SECRETARIES
STATE OF ILLINOIS
300 N. LAUREL ST.
SPRINGFIELD, ILL. 62761

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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.

Proposed

87-598308

DEPT-01 RECORDING
TRAN 0450 TT/05/87 13:44:00
#6626 # D * 87-598308
COOK COUNTY RECORDER

RECORDING DESK
BOX 170

12.00

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

File No.

87598308

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