

UNOFFICIAL COPY

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

JIM EDGAR
Secretary of State
State of Illinois

87608215

Validation Only

S000426 S05IL 11/02/87
20.00 AS 0000000322 FILED

Submit in Duplicate

Filing fee \$20.00

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

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: RS COMPANY
- The limited partnership's file number is: S000426
The Federal Employer Identification Number (F.E.I.N.) is: 35-1695976 (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: Indianapolis Marion County, Indiana
- TO ADOPT: The above named limited partnership intends to adopt and to transact business under the assumed name of:
RS 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.
RS COMPANY, an Indiana limited partnership

Signature

By: Herbert Simon, General Partner

Name (please print or type)

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NOTES

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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.

Property of Cook County Clerk's Office

DEPT-01 RECORDING
744444 TRAN 0570 11/12/87 09:28:00
#8632 # D *-87-608215
COOK COUNTY RECORDER

-87-608215

Box 170
RSB

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

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.

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RETURN TO:

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