

UNOFFICIAL COPY

LP 203

IM EDGAR
Secretary of State 0 1 6 9 8 9
State of Illinois

Submit in Duplicate

\$25.00 Filing fee. See other side for acceptable forms of payment.

CERTIFICATE OF CANCELLATION OF THE CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

88016989

Validation Only

CO01075 SOSIL 01/06/88
25-00 IC 000000020 FILED

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partner(s) hereby cancel the certificate of limited partnership for the limited partnership named below:

1. The limited partnership's name is: Midas Fund, Ltd.

2. The limited partnership's file number is: C001075

The Federal Employer Identification Number (F.E.I.N.) is: 36-2924762 (Note 1)

3. The certificate of limited partnership was filed with the Secretary of State on: 1/6/87 (month, day, year)

4. The reason for filing this certificate of cancellation is: Term of Partnership expired December 31, 1986

5. The effective date of this cancellation is: (Check one)
a) the file date, or
b) another date not more than 60 days subsequent to the filing date. Specify: _____

6. The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is:
1423 W. Fullerton, Cook County
Chicago, IL 60614

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

The original certificate of cancellation must be signed by all general partners.

Signature *Walter Perschke*

Name (please print or type) Walter Perschke

Signature _____

Name (please print or type) _____

Signature _____

Name (please print or type) _____

Signature _____

Name (please print or type) _____

Signature _____

Name (please print or type) _____

Signature _____

Name (please print or type) _____

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If additional space is needed, this list must be continued in the same format on a plain white 8-1/2" x 11" sheet, which must be stapled to this form. Number of additional pages: 0

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Form LP 203

File No. _____

**CERTIFICATE OF CANCELLATION
OF THE CERTIFICATE OF
LIMITED PARTNERSHIP**

Filing Fee \$25

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 envelope is included.

RETURN TO:

Secretary of State
Corporation Department
Limited Partnership Division
Springfield, Illinois 62756
Telephone (217) 785-9960

CLP-4

Property of Cook County Clerk's Office

DEPT-01 RECORDING \$12.00
T#1111 TRAN 1799 01/12/88 13:47:00
#6691 # 2 * 88-016489
COOK COUNTY RECORDER

12:00
Office

Return to:

Marla J. Cass, Legal Assistant
Shefsky, Saltlin & Froelich, Ltd.
444 N. Michigan Ave. Suite 2300
Chicago, Illinois 60611

88016989

Notes: 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 this certificate.

NOTES

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