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APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership)

Validation Only

5001020 SOSIL 05/18/88
-75.00 FO 0000001067 FILED

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partner hereby applies on behalf of the limited partnership named below for admission to transact business as a foreign limited partnership in Illinois:

- The limited partnership's name is: Partners Preferred Yield, Ltd., a California Limited Partnership
- The Federal Employer Identification Number (F.E.I.N.) is: 95-4114119 (Note 1)
- The limited partnership was formed in the jurisdiction of: California on: June 3, 1987 and validly exists there as a limited partnership on the file date of this application. (month, day, year)
- The assumed name, if any, under which the limited partnership proposes to transact business in Illinois is: N/A (Note 2)
- The name of the limited partnership's registered agent and the address of its registered office is:

Registered Agent: C T CORPORATION SYSTEM

Last Name	First Name	Middle Name
<u>c/o C T Corporation System</u>		
Firm Name (if any)		

Registered Office: 208 La Salle Street

Number	Street	Suite #
<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60604</u>
City	County	Zip Code

- The address, including county, of the office at which is kept a list of the names, business addresses and capital contributions of all limited partners is: 1015 Grandview Avenue, Glendale, Los Angeles County, California 91201
- The undersigned agree(s) to keep the records detailed in Number 6 until the limited partnership's registration in this State is cancelled or withdrawn.
- The latest date upon which the limited partnership is to be dissolved in the jurisdiction in which it was formed is: December 31, 2038
- The Secretary of State is hereby appointed the agent of this limited partnership for service of process under the circumstances set forth in Section 909(b) of the Revised Uniform Limited Partnership Act.
- The names (last name first) and business addresses of all general partners must be listed:

<u>B. Wayne Hughes</u>	<u>1015 Grandview Ave, Glendale, CA 91201</u>
General Partner's Name	Business Address
<u>PSI ASSOCIATES III, INC.</u>	<u>1015 Grandview Ave, Glendale, CA 91201</u>
General Partner's Name	Business Address

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

The original application for admission to transact business must be signed by a general partner
PARTNERS PREFERRED YIELD, LTD., A CALIFORNIA LIMITED PARTNERSHIP
BY PSI ASSOCIATES III, INC., GENERAL PARTNER

Signature: [Signature]
OBREN B. GERICH Vice President
Name (please print or type)

If additional space is needed, this must be continued in the same format on a plain white 8-1/2"x11" sheet which must be stapled to this form. Number of additional pages: N/A

88250425

UNOFFICIAL COPY

Form LP 902

File No. _____

**APPLICATION FOR ADMISSION
TO TRANSACT BUSINESS**

Filing Fee \$75

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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:

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Secretary of State
Corporation Department
Limited Partnership Division
Springfield, Illinois 62756
Telephone (217) 765-8960

RECORDING DESK
BOX 170

DEPT-01 \$12.00
T#4444. TRAN 0078 06/09/88 11:08:00
#1690 # D # -88-250425
COOK COUNTY RECORDER

-88-250425

Property of Cook County Clerk's Office

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 this certificate.
Note 2: The assumed name, if any, must contain, without abbreviation, the words "limited partnership." If the limited partnership proposes to transact business under an assumed name, an application to adopt an assumed name (form LP 108) and the requisite fee must accompany this application.

NOTES

08520455

CLP:5