LP 902

UNOFFICIAL

Secretary of State

Submit in Duplicate

State of Illinois

ST5.00 filling fee. See other side APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership)

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partner hereby applies or pertail of the limited partnership and partnership in Illinois. 11. 967-287-88 0000001745 F11.1.D SUSIL . FD 000 on behalf of the limited partnership named below for admission to transact business as a foreign limited partnership in Minols; The imited partnership's name is: Insured Income Properties 1984 (a Delaware Limited Part **.66501**5 100<u>-1</u> (Note 1) 2. The Federal Employer Identification Number (F.E.LN.) is: 86-0497461 3. The limited partnership was formed in the jurisdiction of: ____Dellaware__ and validly exists, there as a limited partnership on the file date of this application. The assumed name of any, under which the limited partnership proposes to transact business in Illinois is: Insured Involve Properties 1984 (a Delaware Limited Partnership) · (Ncte 2) The name of the limited partnership's registered agent and the address of its registered office is: 88292682 Registered Agent: Miocle Name Last Name First Name C T Corporation System Firm Name (if any) Registered Office: 208 South LaSalle Str (P.O. Box aione Number Street Suite# Is unacceptable) Chicago Cook County Illinois 60604 City JUNIY Zip Code The address, including county, of the office at which is kept a list of the numer business addresses and capital contributions of all immited partners is: 3443 North Central Avenue, Suite 500, Phoenix, Maricopa County, 6. Arizona 85012 The undersigned agree(s) to keep the records detailed in Number 5 until the limited printing shape registration in this State is 7. cancelled or withdrawn. 8. The latest date upon which the limited partnership is to be dissolved in the jurisdiction in which it was formed is: 12/31/2030 g. The Secretary of State is hereby appointed the agent of this limited partnership for service of process undur the circumstances set forth in Section 909(b) of the Revised Uniform Limited Partnership Act. 10. The names (last name first) and business addresses of all general partners must be listed: 3443 N. Central Avenue, Suite 500 Franchise Finance Corporation of America Phoenix, Arizona 85012 General Partner's Name **Business Address** 3443 N. Central Avenue, Suite 500 M. H. Fleischer Phoenix, Arizona 85012 General Partner's Name **Business Address** The undersigned affirms, under penalties of penury, that the facts stated herein are true.

The original application for to transaid business must be signed by a general partner.

Signature

M. H. Fleischer, Individual General Partner

Name (please print or type)

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

88232688

CIPS

88292682

Springfield, Illinols 62756 Telephone (217) 785-8960

Note 2: The assumed name, if any, must contain, without abbreviation, the words "limited partnership." If the limited partnership is the innited partnership is the inner to adopt an assumed name (form LP and the requisite fee must accompany this application.

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.