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LP 108

JIM EDGAR
Secretary of State
State of Illinois

3 1 7 88317779

5601164 SOSIL 06/22/88
80.00 AS 0000001435 FILED

Submit in Duplicate

Filing fee. See note below.

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~~) an assumed name (strike inapplicable words).

- The true name of the limited partnership is: Westchester Healthcare, Ltd.
- The limited partnership's file number is: 5001164
The Federal Employer Identification Number (F.E.I.N.) is: _____ applied for 88317779 (Note 1)
- The state or other jurisdiction under the laws of which the limited partnership is formed is: (Check one)
____ Illinois (domestic), or ____ Illinois (pre-existing—prior to 7/1/87) or,
 other (foreign) Specify: Georgia
- TO ADOPT: The above named limited partnership intends to adopt and to transact business under the assumed name of:
Westchester Manor, 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.

[Signature]
Signature

Samuel B. Kellott
Name (please print or type)

NOTE: The filing fee to adopt or to change an assumed name is \$20 plus \$2.50 for each month or part thereof between the date of filing this application and the date upon which the limited partnership may renew its use. (Note 3)

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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" unless this assumed name was adopted in an Illinois county prior to July 1, 1987.

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 until the first day of the anniversary month of the limited partnership that falls within the next calendar year evenly divisible by five (5).

Property of Cook County Clerk's Office

JUL-19-88

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JUL 12.00

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Form LP 108



APPLICATION TO ADOPT, CHANGE, OR CANCEL AN ASSUMED NAME

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) 785-8960

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\$12.00