LP 902

UNOFFICILA

Secretary of State

to this form. Numer of additional pages: _____.

Secretary of State

Submit in Duplicate

State of Illinois

State of I

The Federal Empl	loyer Identific	cation Numbe	r (F.E.I.N.) is:	Applied	For			(No
The limited partne exists there as a !!				Delaware pplication.	on: May	4, 1989 (month, day, yes		validly .
The assumed nan	ns, il any, und	der which the	limited partnen	ship proposes to t	ransact busines:	s in Illinois is:		(No
The name of the life	mited partre	mhip's registe	ered agent and	the address of its	registered office	is:		· · ·
Registered Agent:	: <u>F</u>	Be ier		Benjar	nin			
-	Last Name	Jenner 8	Plock	First Name		-	Middle Na	me
	Firm Name	(if any)		'	<u> </u>			~
Registered Office:	C	One IBM	Plazi	,		4100		89
(P.O. Box alone	Number			Street		606	Suite#	}
is unacceptable)	, ,	Chicago		(.00).	Minc	, \$0°E	11	ว้
	City	*************************************		County		<u> </u>	Zip Code	
The address, including limited partners is:					NY.			
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The undersigned a cancelled or withdraw.	gree(s) to ke awn. on which the l	ep the record	s detailed in Nu	imber 6 until the lii ssolved in the juris	mited per an achi	p's registration	n in this State	er 31, 2
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Limited Partnership Division Springfield, Winois 62756 Telephone (217) 785-8960

Corporation Department

Secretary of State

RETURN TO:

ope is included

Payable to "Secretary of State. Spashier's Check, Minois C.P.A.'s Check or Money

DONOT SEND CASH!

Payment must be made by Certified Filing Fee \$75 Hinois Attorney's

Check Check Order

APPLICATION FOR ADMISSION TO TRANSACT BUSINESS

Form LP 902

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and correspondence regarding this filing wi or sent to the registered agent of the im

Suite 4100, Chicago, Holleb & Coff, 55 E. mailed to: Jeanne Doyle Prepared by and to be L Monroe St.,

Kelly,

60603

204 COUNTY CIEPTS OFFICE DEPT-01 RECORDING \$12.25 T\$2222. TRAN 3970.05/05/89 15:56:00 \$9285 * B. #-89-203595 COOK COUNTY RECORDER

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

be obtained and shall be reported to the Secretary of State within 180 days after the date of filling this certificate. Note 1: If the Federal Employer Identification Number has not been obtained at the time of filing this document, it shall