

# UNOFFICIAL COPY

LP 108

JIM EDGAR  
Secretary of State  
State of Illinois

90403295

5000063 SOSIL 06/22/90  
27.50 AS 0009018185 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), or (cancel)~~ an assumed name (strike inapplicable words).

RENEW

1 The true name of the limited partnership is: PERKINS RESTAURANTS OPERATING COMPANY, L.P.

2 The limited partnership's file number is: 5000063

The Federal Employer Identification Number (F.E.I.N.) is: 62-1283094 (Note 2)

3 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: DELAWARE

RENEW

4 TO ~~ADOPT~~: The above named limited partnership intends to adopt and to transact business under the assumed name of:  
PERKINS RESTAURANTS OPERATING PARTNERSHIP, LIMITED PARTNERSHIP (Note 2)

5 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)

6 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.

Renew

One general partner must sign the application to ~~adopt, change or cancel~~ an assumed name.



Michael P. Downhoe  
Name (please print or type)

Vice-President  
PERKINS MANAGEMENT COMPANY, INC.  
General Partner

APPD. LAW DEPT.  


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 must be obtained and shall be reported to the Secretary of State within 180 days after the date of the filing of the certificate of limited partnership (domestic) or the application for admission to form a limited partnership.

**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

31

DEPT-01 RECORDING \$13.00  
T#8888 TRAN 6216 08/17/90 15:08:00  
#1425 # H \*-90-403295  
COOK COUNTY RECORDER

90403295

Form LP 108

File No. 5000063

**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 enve-  
lope is included

*[Handwritten signature]*

**RETURN TO:**

Secretary of State  
Corporation Department  
Limited Partnership Division  
Springfield, Illinois 62756  
Telephone (217) 785-8960

90403295

RECORDING DESK  
BOX 170