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PORTO LP 203 (Rev. Jan 1991)

Piling Pee \$25

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

CERTIFICATE OF CANCELLATION OF THE CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

All correspondence regarding this hing will be sent to the registered agent of the inhited partnership unless a self-addressed enve-

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BEFFERENCES ONLY \$15.0	4333 1886 6025 12/31/91 14/36/00 48613 * C	C004119 S0SIL 12/20/91
)EFT-01	=55553 \$8613 €00K	

-Upa	TE RECORD	316	595207		0EFT 1€33 486
1.	Limited	partnership's name:	430 ERIE ASSOCIATES	5 L1MITED PARTNERSHIP	
2.	File Number As 13ned by the Secretary of State: C 004119				
3.	Federal	deral Employer (dentification Number (F.E.I.N): 36-3639833			
4.	. The reason for filing this certificate of cancellation: The partnership disposed of all its assets and is being terminated.				
	(Check or		tion is effective on:		•
	b)	another date later date. month, day	. 9/,	60 days subsequent to	the filing
(copy of a	ny process against :	the limited partnersh. 875 North Michigan, Su	h the Secretary of State hat may be served on the 3722, Cook County,	him or her
•					
				.0	
he	undersig	ned affirms, under p	penalties of perjury,	that the facts stated h	erein are tru
he	original	certificate of cand	cellation must be signe	ed by all general partr	ers.
		//	SIGNATURE AND NAME	930	695207
	1000	/ the			
	≯ James L.	(Signature) Case, Chairman		(Signature)	
′ . <u>.</u>		or print Name and T Corporation, an 11	linois Corporation	(Type or print Name	and Title)
-	(Name	of General Partner	if a	(Name of General Par	tner if a
	-	oration or other ent		corporation or othe	r entity)
-		(Signature)	4	(Signature)	
-	(Type	or print Name and T	itle)	(Type or print Name	and Title)
~	(Name	of General Partner	if a	(Name of General Par	tner if a
	•	oration or other ent		corporation or othe	
	•				

(OVER)

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5.		6.	
	(Signature)	(Signature)	
	(Type or print Name and Title)	(Type or print Name and Title)	
	(Name of General Partner if a	(Name of General Partner : i a	
	corporation or other entity)	corporation or other entity)	

(Signatures must be in ink on an original document. Carbon copy, photo copy or rubber stamp signatures may only be used on conformed copies).

FORMS OF PAYMENT:

Payment must be made by Certified Check, Cashier's Check, Illinois Attorney's Check, Illinois L.P.A.'s Check or Money Order, Payable to Secretary of State".

DO NOT SEND CAST!

RETURN TO:

tified Check,
Attorney's
Theck or Money
ary of State".

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330 Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960