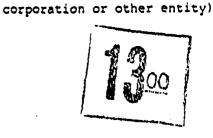
corporation or other entity)
(OVER)

(Signature)
Nell G. Bluhm, Managing Partner
(Type or print Name and Title)

(Name of General Partner if a

1977 Associates

91304517



(Signature)

(Type or print Name and Title)

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5,	(Signature)	(Signature)
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(Sign	atures must be in ink on an original docume presignatures may only be used on conformed	ent. Carbon copy, photo copy or rubbe copies).
Payme Cashi Check	OF PAY ALVT:  nt must bo made by Certified Check,  er's Check, Illinois Attorney's  , Illinois C.P.A.'s Check or Money  , Payable to "Secretary of State".  DO NOT SEND CASE	RETURN TO: Secretary of State Department of Business Services Limited Partnership Division Room 330 Centennial Building Springfield, Illinois 62756 Telephone: (217) 785-8960
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