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Form LP 100
(Rev. Jan. 1991)

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

93318467

Filing fee.
See note below.

SUBMIT IN DUPLICATE!

APPLICATION TO ADOPT,
CHANGE, OR CANCEL AN ASSUMED NAME
(Illinois or foreign limited partnership)

All correspondence regarding this filing will
be sent to the registered agent of the limited
partnership unless a self-addressed envelope
is included.

OFFICE USE ONLY

500.00
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1. Limited partnership's name: RIVER FOREST TOWN CENTER LIMITED PARTNERSHIP

2. File Number assigned by the Secretary of State: _____

3. Federal Employer Identification Number (F.E.I.N.): 36-3875372

4. Admitting name, if any, under which the limited partnership has elected to transact
business (foreign only): _____

5. State or other jurisdiction under the laws of which the limited partnership is formed is:
(Check one)
 Illinois (domestic) Foreign (Specify): _____

6. **TO ADOPT:** The above named limited partnership intends to adopt and to transact business
under the assumed name of: R.F.T.C. LIMITED PARTNERSHIP

7. (a) **TO CHANGE:** The above named limited partnership intends to change its assumed name
under the assumed name of: _____

DEPT. OF RECORDING \$25.00
1989 JAN 26 10:00 AM
42357 A * 93-318467
COOK COUNTY RECORDER

(b) and to commence transacting business under the new assumed name of: _____

8. **TO CANCEL:** The above named limited partnership intends to cease transacting business under
the assumed name of: _____

NOTE: The filing fee to adopt or to change an assumed name is \$20.00 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.

Filing fee to cancel an assumed name \$5.

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Property of Cook County Clerk's Office

* R 207-01 RECORDING
* 144466 TRAN 1842 04/20/93 11:41:00
* 23574 * -93-318467
COOK COUNTY RECORDER

49197833

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

FORMS OF PAYMENT:
Payment must be made by certified check,
Cashier's check, Illinois Attorney's
check, Illinois C.F.A.'s check or Money
Order, payable to "Secretary of State".
DO NOT SEND CASH!

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

(Name of General Partner if a corporation or other entity)

CHITOWN DEVELOPMENT, INC.

(Type or print Name and Title)

Seymour Tamman - President

(Signature)

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

The undersigned affirms, under penalties of perjury, that the facts stated herein are true