



# UNOFFICIAL COPY

5. \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Type or print Name and Title)  
\_\_\_\_\_  
(Name of General Partner if a  
corporation or other entity)

6. \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Type or print Name and Title)  
\_\_\_\_\_  
(Name of General Partner if a  
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 C.P.A.'s Check or Money Order, 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

DEPT-01 RECORDING \$23.00  
1#0014 TRAN 2808 09/21/94 09:21:00  
#5656 #AR \*-94-822192  
COOK COUNTY RECORDER

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