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LP 203
(Rev. Jan. 1991)

GEORGE M. RYAN
Secretary of State
State of Illinois

Filing Fee \$25

SUBMIT IN DUPLICATE!

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

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

OFFICE USE ONLY

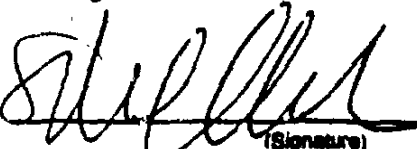
RECORDED
INDEXED
FILED
JAN 10 1994
CHICAGO, ILL.

Property of Cook County Clerk's Office

- Limited partnership's name: NC Investors Limited Partnership
- File number assigned by the Secretary of State: 5006291
- Federal Employer Identification Number (E.F.I.N.): 36-3829355
- The reason for filing this certificate of cancellation: Dissolution of partnership upon the written consent of all partners.
- This certificate of cancellation is effective on: (Check one)
 a) the file date, or
 b) another date later than but not more than 60 days subsequent to the filing date.
 DEPT-01 RECORDING 123.00
 T#0013 TRAN 1015 01/05/94 15:59:00
 #1827 * - 94 - 014486
 COOK COUNTY RECORDER
 (month, day, year)
- The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: Altheimer & Gray c/o S. Michael Peck, 10 South Wacker Drive, Suite 4000, Chicago, IL 60606 Cook Co.

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

The original certificate of cancellation must be signed by all general partners.

- | SIGNATURE AND NAME | |
|---|---|
| 1. 
(Signature)
S. Michael Peck, General Partner
(Type or print name and title)

(Name of General Partner if a corporation or other entity) | 3. _____
(Signature) 23.00 TT
(Type or print name and title)

(Name of General Partner if a corporation or other entity) |
| 2. _____
(Signature)
(Type or print name and title) | 4. _____
(Signature)
(Type or print name and title) |

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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, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

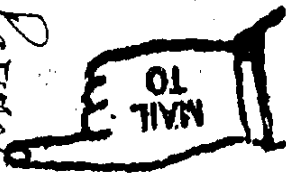
Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

DO NOT SEND CASH!

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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Return to
LLC
Boy 6

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