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Form LP 906 (Rev. Jan. 1991)

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GEORGE II. RYAN SECRETARY OF STATE STATE OF ILLINOIS

SUBMIT IN DOPLICATE!

CERTIFICATE OF CANCELLATION OF THE

APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership)

All correspondence regarding this liling will be sent to the registered agent of the known SAMOUSHID UNION & LOUISMAND ONLY

1. Limited partnership's name: Westchester Healthcare, Ltd. (L.P.)
2. File Number Assigned by the Secretary of State: S001164
. Federal Employer Identification Number (F.E.I.N): 58-1810097
1. Admitting name, if any:
. Additecting flame, It any:
0/
. Assumed name, if any: Westchester ranor Restorative Care Center, A Limited Partnersh.
<u> </u>
. The limited partnership named above is not transacting business in Illinois and
surrenders its authority to do so. It revokes the authority of its agent for
empline of manager in Tilleria and account to the terms of the second
action or proceeding arising out of the transaction of business in Illinois may be
made on such foreign limited partnership by service the reof on the Secretary of
State.
/ -/
action or proceeding arising out of the transaction of business in Illinois may be made on such foreign limited partnership by service the reof on the Secretary of State. The post office address, including county, to which the Secretary of State may mail a
coby of any brocess address the figured baltuership that may be selied on him or her
is: 200 Galleria Parkway, Suite 1800, Atlanta, Cobb County, (aorgia 30339
<u> </u>
e undersigned affirms, under penalties of perjury, that the facts stated herein are true,
e original certificate of Cancellation must be signed by a general partner. DEPT-01 RECORDING \$23
. T\$0014 TRAN 5405 04/21/95 10:45:0
(Signature) . \$3822 \$ JW *-95-26606
Scott E. Hill, Vice President
(Type or print Name and Title) 5/,6
Convalescent Services, Inc.
ame of General Partner if a corporation or other entity)
ignature must be in ink on an original document. Carbon copy, photo copy or rubber

(ILL. - LP 2831 - 4/26/91)

stamp signature may only be used on conformed copies).

(Undep)

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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

> RECORDING DESK **BOX 170**

Aroberty of County Clert's
HLINO'S
'TY of Office of the Secretary of St I hereby certify that this is a it and correct copy, consisting of Two

pages, as taken from the original on the inthis oifles.

Bury A Office

GEORGE H. RYAM SECRETARY OF STATE