

UNOFFICIAL COPY

Form LP 201
(Rev. Jan. 1995)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$13,656,113

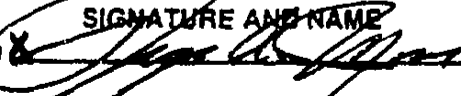
9. A brief statement of the partners' membership termination and distribution rights:

The Partners have no voluntary termination rights. Upon
termination of the Partnership, the proceeds of liquidation
shall be distributed to and among the Partners in accordance
with the terms of the Partnership Agreement, which is kept
at the principal office of the Partnership.

NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

All general partners are required to sign the certificate of limited partnership.

SIGNATURE AND NAME
Signature 
Type or print name and title George A. Moser,
President

BUSINESS ADDRESS
Number/Street 2500 West Higgins Road, Suite 400
City/Town Hoffman Estates

Name of General Partner if a corporation or
other entity Northwest Investors, Inc.

State Illinois Zip Code 60195

Signature _____
Type or print name and title _____

Number/Street _____
City/Town _____

Name of General Partner if a corporation or
other entity _____

State _____ Zip Code _____

Signature _____
Type or print name and title _____

Number/Street _____
City/Town _____

Name of General Partner if a corporation or
other entity _____

State _____ Zip Code _____

Signatures must be in **BLACK 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 J.P.A.'s check or money order, payable to "Secretary of State."

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH!