

UNOFFICIAL COPY

Form LP 203
(Rev. Jan. 1995)

96241200

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Filing Fee \$25

SUBMIT IN DUPLICATE!

COOK COUNTY CLERK'S OFFICE
337 N. WASHINGTON ST.
CHICAGO, ILL. 60606-3300

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

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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

- Limited partnership's name: Batterson, Johnson & Borg Venture Partners Limited Ptrship
- File number assigned by the Secretary of State: S005512
- Federal Employer Identification Number (F.E.I.N.): 36-3785738
- The reason for filing this certificate of cancellation: partnership dissolved
- This certificate of cancellation is effective on: (Check one)
(a) the filing date, or (b) another date later than but not more than 60 days subsequent to the filing date:
(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: 303 West Madison, Suite 1110
Chicago, IL 60606-3300
Cook City

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Handwritten notes and signatures at the bottom of the page.

Handwritten signature in the bottom right corner.

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COOK COUNTY CLERK'S OFFICE
505 S. MADISON ST.
SPRINGFIELD, ILL. 62756
PHONE: (217) 785-8960
FAX: (217) 785-8961

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

Signature *Leonard A. Patterson*

Type or print name and title Leonard A. Patterson

Managing General Partner

Name of General Partner if a corporation or
other entity _____

Signature *Donald B. Johnson*

Type or print name and title Donald B. Johnson

General Partner

Name of General Partner if a corporation or
other entity _____

Signature *Stefan Borg*

Type or print name and title Stefan Borg

General Partner

Name of General Partner if a corporation or
other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

(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 State 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 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960