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Form LP 902
(Rev. Jan. 1995)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # SC11C11

Assigned by
Secretary of State

DEPT-01 RECORDING 603.50
12:00 PM - TRAM 03/17/96 14:58:00
FILE # 96-347104
COOK COUNTY RECORDER

96347104

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

APPLICATION FOR ADMISSION
TO TRANSACT BUSINESS
(foreign limited partnership)

- Limited partnership's name: MT FAMILY LIMITED PARTNERSHIP
- The address, including county, of the office at which records required by Section 104 are to be kept is: (P.O. Box alone & c/o are unacceptable): 560 GREEN BAY ROAD, SUITE 407, WINNETKA, COUNTY OF COOK, ILLINOIS 60093
- Federal Employer Identification Number (F.E.I.N.): 86-0818468
- The limited partnership was formed in the jurisdiction of: ARIZONA
on: March 12, 1996 and validly exists there as a limited partnership on this file date.
- Admitting name, if any, under which the limited partnership will transact business in Illinois: ~~MT FAMILY LIMITED PARTNERSHIP~~
- An application to adopt an assumed name, form LP 108, is attached Yes No
- The limited partnership's registered agent's name and registered office address is:
Registered agent:
First name DAVID Middle name ROBERT Last name ABELL
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 560 Street GREEN BAY ROAD Suite # 407
City WINNETKA County COOK State Illinois Zip Code 60093
- The undersigned agree(s) to keep the records detailed in Number 2 until the limited partnership's registration in this state is cancelled.

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9. Dissolution date: Perpetual or DECEMBER 31, 2035
(month, day, year)

10. The Illinois Secretary of State is hereby appointed the agent of the limited partnership for service of process under the circumstances set forth in Section 909(b) of RULPA.

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

General Partner's name JAY M. SHEESLEY

Number/Street 1313 NORTH 25th AVENUE

City/Town PHOENIX

State ARIZONA Zip Code 85009

General Partner's name ANTHONY SHEESLEY

Number/Street 1313 NORTH 25th AVENUE

City/Town PHOENIX

State ARIZONA Zip Code 85009

General Partner's name ONLY TWO GENERAL PARTNERS

Number/Street _____

City/Town _____

State _____ Zip Code _____

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

The original application to transact business must be signed by at least one general partner.

Signature	<u>Jay M. Sheesley</u>	<u>Anthony Sheesley</u>
Type or print name and title	<u>JAY M. SHEESLEY, GENERAL PARTNER</u>	<u>ANTHONY SHEESLEY, GENERAL PARTNER</u>

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 C.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!

CLP-5.4



David R. Abell, Ltd.
569 Green Bay Rd. Ste 407
Winnetka, IL 60093

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