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Form LF 202 OFFICIAL COPY (Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

96386025

DEPT-01 RECORDING

\$25.00

- T#0001 TRAN 3990 05/22/96 10:29:00

, \$7309 \$ RC *-96-386025

COOK COUNTY RECORDER

All correspondence regarding the filling 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 AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

2. File number assigned by the Secretary of State:	25
A. The certificate of limited partnership is amended as follows: (Check all applicable changes) (Address changes P.O. Box alone and c/o are unacceptable) — a) Admission of a new general partner (give name and business address below) — b) Withdrawal of a general partner (give name below). — c) Change of registered agent and/or registered agent's office (give new name and address). — d) Change in the address of the office at which the records required by Section 201 of the address, including county below). — e) Change in the general partners name and/or business address (give name and new and n	
(Check all applicable changes) (Address changes P.O. Box alone and c/o are unacceptable) a) Admission of a new general partner (give name and business address below) b) Withdrawal of a general partner (give name below). c) Change of registered agent and/or registered agent's office (give new name and address). d) Change in the address of the office at which the records required by Section 201 of the address, including county below). e) Change in the general partners name and/or business address (give name and new address). Change in the partners' total aggregate contribution amount (give new dollar amount by Change in limited partnership's name (give new name below).	
 b) Withdrawal of a general partner (give name below). c) Change of registered agent and/or registered agent's office (give new name and add below). d) Change in the address of the office at which the records required by Section 201 of the address, including county below). e) Change in the general partners name and/or business address (give name and new address in the partners' total aggregate contribution amount (give new dollar amount by Change in limited partnership's name (give new name below). 	96386025
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e) Change in the general partners name and/or business address (give name and new at the contribution amount (give new dollar amount but the contribution amount give new dollar amount but the contribution amount give new dollar amount give new dol	irss, including county
f) Change in the partners' total aggregate contribution amount (give new dollar amount by X g) Change in limited partnership's name (give new name below).	ne Act are kept (give new
X g) Change in limited partnership's name (give new name below).	address below).
	below).
h) Change in date of dissolution (give new date below).	
	00Y 17 0
i) Other (give information below).	סיי אטם

PrimeCo Personal Communications, L.P. /

If additional space is needed, it must be continued on the reverse side and/or in the same format on a plain white $8.1/2^{\circ} \times 11^{\circ}$ sheet, which must be stapled to this form.

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5. JAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

The original centilicate of amendment must be signed by a general partner, all new general partners and at least one withdrzwing general partner.

BUSINESS ABBRESS-Signature ___ Number/Street Type or print name and title Citytown Name of General Partner if a corporation or See attached signature block. other entity_ State Penrisylvania Zip Code 19103 Number/Street 1717 Arch Street, 32nd Floor Signature ___ Type or print name and title Dermott Murph City/town Philadelphia Name of General Partner if a comparation or other entity _____ State ____ Signature ____ Number/Street Type or print name and title _____ City/town _ Name of General Pertner if a corporation or

(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."

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

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PCS PRIMECO, L.P., a Delaware limited partnership

PCSCO PARTNERSHIP, a Delaware general partnership, By: General Partner

Bell Atlantic Personal Communications, Inc., Stoperty of Colling Clerky a Delaware corporation, General Partner

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