## UNOFFICIAL COPY

(Rev. Jan. 1995)

Filing Fee \$25

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SUBMIT IN DUPLICATE!

. DEPT-01 RECORDING

\$23.50

. Ttc646 TRAN 8464 95/27/97 09:21:00

COOK COUNTY RECORDER

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

GEORGE H. PYAN SECRETARY OF STATE STATE OF ILLINOIS

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

1.	Limited partnership's name: Bullwinkle Trading, L.P.
	File number assigned by the Secretary of State:
3.	Federal Employer Identification Number (F.E.I.N.): 364033307
4.	The reason for filing this certificate of cancellation:business concluded
5.	This certificate of cancellation is effective on: (Check one)
	(a) X the filling date, or (b) another date later than but not more than 60 days substitute filling date:
	(month, day, year)
6.	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: Haureen A. McGuire, MacCabe & McGuire,
	77 W. Wacker Drive, Suite 3333, Chicago, Illinois 60601
116.	. 3
PAN TO	
<b>Y</b> 3	

275.4.

## Folm Livel OFFICIAL COPY

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 par iners.

SIGNATURE AND NAME

Gre or print name and this Michael P. McGuire

General Partner Name of Ganeral Partner it a corporation or

other entity

Signature Millimetry With	T
Type or print name and title Michael P. McGuire	Type or print name: and title
General Partner	9/2
Name of General Partner if a corporation or	Name of General Partner if a corporation of
other entity	other entite
	Signature
Signature	Signature
Type or print name and title	Type or print name a M ti N .
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Name of General Partner if a corporation or	Name of General Partner in a corporation or
other entity	other entity
•	~Q
	ament. Carbon copy, shotcoopy or rubber stamp signatures ma

be used on conformed copies.)

## **FORMS OF PAYMENT:**

\$0010 US/11/24 FF 000010734

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