File Number

5962-147-5

Office of The Secretary of State

Whereas,

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECKETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLIPUIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be

affixed the Great Seal of the State of Illinois, at the City of Springfield, this **OCTOBER** A.D. 19 and of day of the Independence of the United States the two

hundred and 22ND

Secretary of State

UNOFFICIAL COPY

Proberty or Coot County Clert's Office

Fo	m, BCA	1-2.10	MEDICIES DEI	CARPORATIO	₩ <mark>PY</mark>	~.~				
я́ (Я	lev. Jan. 1991)	······································	This space for use I	ny Secretary of State		Page 2 of مکانات				
George H. Ryan Secretary of State Department of Business Services				E D		SUBMIT IN DUPLICATE! This space for use by				
ry. General	gfield, IL 62756		OCT 1	0 1997	Socr	Secretary of State				
chec ney's	nent must be mad k, cashier's check check, Illinois C. ay order, payable ale."	k, Illinois attor- P.A's check or	GEORGE SECRETARY	H. RYAN OF STATE	Franchise Tax Filing Fee	*				
1.	CORPORATE NAME: DANA AREECE & CO.									
	(The corporate na	me mul contain	the word "corporation", "company	r,* "incorporated;" "limited" o	r an abbreviation (hereo	(.)				
2.	relejge#ilstiinl	ed Agent:	DALAL	м.		JARAD				
		224	rirst Name	Middle Inilial	L	ast hame				
	Initial Registered Office:		5301-A North Cal	ifornia Street		Suite #				
		-	Chicago City	IL 60659 Zip Codn		Cook County				
3.	Purpose or purposes for which the corporation is organized: (If not sufficient space to cover this point, add one or more sheet; of this size.)									
	Frullati Fr	anchise Sy inder the I	fe pursuant to a fra stems, Inc., and the llinois General Bus; cafe	e exercise of suc	h powers as are	e uate				
4.	Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:									
	Par Value Class per Share		Number of Share Authorized		Number of Sharez Consideration to be Proposed to be Issueu Received Therefor					
	\$ no par		10,000		1,000	1,000.00				
					TOTAL = S	1,000.00				
	Paragraph 2: T	he prelerence	s, qualifications, limitations	restrictions and specia	l or relative rights in t	respect of the share				

of each class are: (If not sufficient space to cover this point, add one or more sheets of this size.)

Name Residential Address City, State, ZIP 6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: 7. OPTIONAL: 7. OPTIONAL: 7. OPTIONAL: 8. NAME(S) 2. ADDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Articles of Incorporation are true. Dated 7. Signature 1. 10446 7. Signature 1. 10446 7. Signature 1. 10446 7. Signature 1. 10446 7. Signature 1. Signature 1. Signature 1. Signature 2. Signature 3. Signature 3. Signature 3. Signature 4. Signature 5. Signature 1. Signature	5, OPTIONAL:	(a) Number of the constituting the milds board of directors of the corporation: (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of								
corporation for the following year wherever located will be: (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 7. Interpretation of the properties of perjury, that the statements made in the foregoin and the state of incorporation are true. 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 7. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Anticles of incorporation are true. 9. Signature 9. Signature 1. 10446 S. Alta Dr. 8. Signature 1. 10446 S. Alta Dr.		shareholders or until their successors are elected and qualify: Name Residential Address				Cilv. Slata. ZIP				
corporation for the following year wherever located will be: (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 7. Interpretation of the properties of perjury, that the statements made in the foregoin and the state of incorporation are true. 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 7. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Anticles of incorporation are true. 9. Signature 9. Signature 1. 10446 S. Alta Dr. 8. Signature 1. 10446 S. Alta Dr.										
corporation for the following year wherever located will be: (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 7. Interpretation of the properties of perjury, that the statements made in the foregoin and the state of incorporation are true. 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 7. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Anticles of incorporation are true. 9. Signature 9. Signature 1. 10446 S. Alta Dr. 8. Signature 1. 10446 S. Alta Dr.					<u> </u>					
corporation for the following year wherever located will be: (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 7. Interpretation of the properties of perjury, that the statements made in the foregoin and the state of incorporation are true. 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 7. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Anticles of incorporation are true. 9. Signature 9. Signature 1. 10446 S. Alta Dr. 8. Signature 1. 10446 S. Alta Dr.										
(b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: OTHER PROVISIONS Attach of about the sheet of this size for any other provision to be included in the Articles of Incorporation of a postate sheet of this size for any other provision to be included in the Articles of Incorporation of a postate sheet of this size for any other provision to be included in the Articles of Incorporation of the property of the size for any other provision to be included in the Articles of Incorporation of the property of the size for any other provision to be included in the Articles of Incorporation of the Articles of Incorporation other than perpetual, etc. 8. NAME(S) & ADDRESS(ES) OF INCORPORATIOR(S) The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregole Articles of Incorporation are true. Dated (1) Add S. Alta Dr. Signature 1. July Add S. Alta Dr. Signature 2. Signature 2. Signature 3. Signature 2. Signature 3. Signature 2. Signature 3. Signature 3. Signature 4. CilyTown State Dr. Signature 7. Ortif Name) 2. Signature 7. Ortif Name) 2. Signature 7. Signature 7. Signature 7. Signature 8. Signature 9. Signature 1. The infliance of the incorporation had the state of incorporation shall be shown and the execution of the corporation and the state of incorporation shall be shown and the execution of the state of the corporation and the state of incorporation shall be shown and the execution of the state of the corporation and the state of incorporation shall be shown and the execution of the state of the corporation and the state of incorporation shall be shown	6. OPTIONAL:				\$	i				
(c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (ti) It is estimated that the gross amount of business that will be transacted from places of business in the State of Ifflinois during the following year will be: 7. OPTIONAL: OTHER PROVISIONS Attach a speak sheet of this size for any other provision to be included in the Articles of Incorporation, a speak sheet of this size for any other provision to be included in the Articles of Incorporation, a speak sheet of this size for any other provision to be included in the Articles of Incorporation, a speak sheet of this size for any other provision to be included in the Articles of Incorporation, and Incorporated advantage and Incorporation and Incorporation are true. 8. NAME(S) 2 DDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby declare(s), under penaltites of perjury, that the statements made in the foregoid incorporation are true. Dated Signature 1. 10446 S. Alta Dr. Size Incorporation are true. Palos It11s II. 60465 Figure or Print Name) Signature 2. Signature 3. Signature City/Town Size Zip Code Signature City/Town Size Zip Code Signature Size It approach and verified by him, and attested by its secretary or assistant secretary. FEE SCHEDULE The initial tranchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The filling fee is \$75. The initial tranchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The initial tranchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The initial tranchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The initial tranchise tax		(b) It is estimated t	hat the value of the prop	erty to be located within						
(d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: OTHER PROVISIONS Attach is spearate sheet of this size for any other provision to be included in the Articles of Incorporation, 3.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting, mojority requirements, fixing a duration other than perpetual, etc. 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby deplace(s), under penalties of perjury, that the statements made in the foregoin Articles of Incorporation are true. Dated 1. MAME(S) & ADDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby deplace(s), under penalties of perjury, that the statements made in the foregoin Articles of Incorporation are true. Dated 1. 10446 S. Alta Dr. State 1. 10446 S. Alta Dr. State 2. Signature 1. 10446 S. Alta Dr. State 2. Signature (Type or Print Name) 3. Signature (Type or Print Name) (Signature and the corporation and the state of incorporation shall be shriven and the executional be by its president or vice president and verified by him, and attested by its secretary or assistant secretary. FEE SCHEDULE The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50					ð <u></u>					
transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: OT VET PROVISIONS Altain a special sheet of this size for any other provision to be included in the Articles of Incorporation a.g., authorizing preemptive rights, denying cumulative voting, regulating internal attains, voting, importly requirements, fixing a duration other than perpetual, etc. 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Articles of Incorporation are true. Dated 1. JO446 S. Alta Dr. Signature 2. Signature 3. Signature 4. CityTown State Tip Codd Signatures must be in kit on original document. Carbon copy, photocopy or robber stamp signatures may only be used in conformed copies.) NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execute shall be they be president or vice president and verified by him, and attested by its secretary or assistant secretary. FEE SCHEDULE • The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The miliminum total due (franchise tax + Illing fee) is \$100. (Applies when the Consideration to be Received as set forth in item 4 does not exceed \$15,697) • The Department of Business Services in Springfield, IL 82756 Department of Business Services Fleephone (217) 782-9523					\$					
7. OPTIONAL: OTHER PROVISIONS Altach of coparate sheet of this size for any other provision to be included in the Articles of Incorporation and all and organized sheet of this size for any other provision to be included in the Articles of Incorporation and Internal allating, voting invitority requirements, fixing a duration other than perpetual, etc. 8. NAME(S) & ODDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregolic Articles of Incorporation are true. Dated										
Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting, mujority requirements, fixing a duration other than perpetual, etc. 8. NAME(S) 2 ADDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Articles of incorporation are true. Dated 1. July 5 Signature Address 1. 10445 S. Alta Dr. Signature Address 1. 10445 S. Alta Dr. Signature Address 1. 10445 S. Alta Dr. Signature Palos Hills IL 60465 2to/Town State Zip Cod (Type or Print Name) 3. Signature CityTown State Zip Cod (Type or Print Name) 3. Street (Type or Print Name) 4. CityTown State Zip Cod (Signatures must be in his on original document. Carbon copy, photocopy or rubber stamp signatures may only be used no conformed copies.) NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the executic shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary. FEE SCHEDULE The Initial franchise iax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The Iling fee is \$75. The Initial fee is \$75. The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Telephone (217) 782-9523		the following ye	ar will be:	\$						
Incorporation, e.g., authorizing preemptive rights, denying cumulative voling, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc. 8. NAME(S) & DDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby deplace(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true. Dated	7. OPTIONAL:	OTHER PROVISIO	NS .		.:					
alfairs, voling inclority requirements, fixing a duration other than perpetual, etc. 8. NAME(S) 2 ADDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Articles of Incorporation are true. Dated		Attach a coparate sheet of this size for any other provision to be included in the Articles								
The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Articles of Incorporation are true. Dated						: :				
The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoin Articles of Incorporation are true. Dated	Q	NAME/S	A SUDDESSIES OF	E INCORPORATOR/	C)					
Address Signature Address		NAME(S)	(A VIDDUE99(E9) O	PINCONPORTION	<i>න)</i> 					
Dated			ereby declare(s), under p	penalties of perjury, that	the statements	made in the foregoin				
Signature and Name 1. 10446 S. Alta Dr. Sinet (Type or Print Name) 2. Signature (Type or Print Name) (Typ	Authors of incort	oration are true.	OZ							
1. 10446 S. Alta Dr. Signature 2. 2. 2. 3 Signature 2. 3 Signature 3. 3 Signature 3. 5 Signature 4 City/Town State 7 Signature 5 Signature 5 Signature 7 Signature 5 Signature 7	Dated		, 19							
Signature Site Palos Hills IL 60465	1 11. 16	Signature and N	ame) 1 10///6 S						
(Type or Print Name) 2. Sired (Type or Print Name) 3. Signature (Type or Print Name) 3. Signature (Type or Print Name) 3. Signature (Type or Print Name) 4. City/Town 5. State (Type or Print Name) 5. Sired (Type or Print Name) 6. City/Town 6. Sized (Type or Print Name) 6. City/Town 6. State 7. Zip Code 7. City/Town 7. State 7. Zip Code 7. State 7. Zip Code 7. State 7. Zip Code 8. Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.) NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be	Signature			Street		ZOLEE				
2. Signature (Type or Print Name) 3. Signature (Type or Print Name) 3. Signature (Type or Print Name) (Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used or conformed copies.) NOTE: if a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be shown and the execution shall be shown and the execution of the president or vice president and verified by him, and attested by its secretary or assistant secretary. FEE SCHEDULE • The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. • The illing fee is \$75. • The minimum total due (franchise tax + lilling fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667) • The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Telephone (217) 782-9522 782-9523	(Typa or F	Print Name)				00403 Zip Code				
(Type or Print Name) 3. Signature (Type or Print Name) (Signatures must be in link on original document. Carbon copy, photocopy or rubber stamp signatures may only be used out conformed copies.) NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be used of incorporation shall be used or incorporation shall be us			Market and		:					
3. Signature (Type or Print Name) (City/Town State, Zip Code (Signatures must be in this on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.) NOTE: it a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary. FEE SCHEDULE • The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. • The filling fee is \$75. • The minimum total due (franchise tax + filling fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667) • The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523	Signature			Street						
Signature (Type or Print Name) (City/Town State Zip Code (Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.) NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be shown and the exec		rint Name)			State	Zip Code				
(Type or Print Name) Clly/Town State Clly/Town Clly					5					
(Signatures must be in link on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.) NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be shall be shown and the execution shall be shall be shown and the execution shall be shown and the execution sh					<u> </u>					
NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary. FEE SCHEDULE • The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. • The filling fee is \$75. • The minimum total due (franchise tax + filling fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667) • The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523			nt. Carbon copy, photocopy or							
FEE SCHEDULE • The initial franchise lax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. • The filling fee is \$75. • The filling mum total due (franchise tax + filling fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not excited \$16,667) • The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523	NOTE: If a corpora	tion acts as incorporate	or, the name of the corporal	tion and the state of incorp	oration shall be sl	nown and the execution				
 The initial franchise lax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The filling fee is \$75. The minimum total due (franchise tax + filling fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667) The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523 	snaii de by its pres	ident or vice president	and verilled by him, and all	ested by its secretary or a	ssislant secretary					
state, with a minimum of \$25. The filing fee is \$75. The minimum total due (franchise tax + filing fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667) The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523			FEE SCH	IEDULE						
 The filing fee is \$75. The minimum total due (franchise tax + filing fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667) The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Department of Business Services Telephone (217) 782-9522	The initial fra	nchise lax is assessed	at the rate of 15/100 of 1 pe	rcent (\$1.50 per \$1,000) or	n the paid-in capita	al represented in this				
The milnimum total due (franchise tax + liling fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667) The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523				, , , , , ,	, ,					
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667) • The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Illinois Secretary of State Springfield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523	 The filing fee 	is \$175.								
Illinois Secretary of State Springlield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523				Item 4 does not exceed \$	16,667)	· · · · · · · · · · · · · · · · · · ·				
Illinois Secretary of State Springlield, IL 62756 Department of Business Services Telephone (217) 782-9522 782-9523	The Departm	ent of Business Service	es in Springfield will provide	assistance in calculating	the total fees if ne	cessary.				
Department of Business Services Telephone (217) 782-9522 782-9523						: 				
,大学 经验证证据证 证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证			Telephone (217) 782-95			i				
- ⁶¹⁸⁷⁷ - うくど プ も と と も	To caper -	م من این و در رسین من وسعی نماین	782-95	523						
	C-182.17	78789								
				•						