Formula OFFICIAL COPY (Rev. Jan. 1995)

97261544

Filing Fee \$75

SUBMIT IN DUPLICATE!

File #

SC12507

Assigned by Secretary of State

DEPT-01 RECORDING

\$23.00

T00014 TRAN 1798 04/16/97 08:10:00

\$6227 ₹ JW ₩-97-261544

COOK COUNTY RECORDER

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

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

All correspondence

APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership)

1.	nited partnership's name: NET LEASE INCOUNTY & GROWITH FUND 84-A LIMITED PARTNERSHIP			
2.	The address, including county, of the office at which records required by Sec (P.O. Box alone & c/o are unacceptable:) 1300 MINIFECTA WORLD TRADE CENTER	tion 104 are R, 30 E. 71	to be kept H STREET	is:
	ST. PAUL, MINNESOTA 55101			_
3.	Federal Employer Identification Number (F.E.I.N.): 41-1481566			
4.	The limited partnership was formed in the jurisdiction of: MINNESOTA		V.	
	on: 8/1/84 and validly exists there as a limited partnership on the	is file date.	•	
5.	Admitting name, if any, under which the limited partnership will transact business in Illinois	9,50.		
6.	An application to adopt an assumed name, form LP 108, is attached	No 9	72615	44
7.	The limited partnership's registered agent's name and registered office address is:			
	Registered agent: First name C T CORPORATION SYSTEM Middle name Last nam Registered Office: (P.O. Box alone and c/o are unacceptable)	ne		
	Number 208 Street S. La Salle Street	Suite #	·	
	City Chicago County Cook State Illinois			
8.	to be a supplied to the supplied of the suppli			

BOX 170

is cancelled.

FINITE OF FICIAL COPY 9. Dissolution date: Perpetual or _____ (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. 5012507 NAME(S) & BUSINESS ADDRESS(ES) OF ALL GENERAL PARTNER(S) NET LEASE MANAGEMENT 84-A, INC. General Partner's name 50SIL 04/11/97 Number/Street 1300 MINNESOTA WORLD TRADE CENTER, 30E, 7TH STREET II 0000104824 ST. PAUL City/Town ____ Zip Code ____55101 _____ MINNESOTA State____ General Partner's name ROBERT P. JOHNSON Number/Street 1300 MINNESOTA WORLD TRADE CENTER, 30 E. 7th STREET City/Town __ Zip Code _____55101 _____ State_ General Partner's name __ Number/Street City/Town _____ The undersigned affirms, under penalties of perjury, that the facts stated here in a e true. The original application to transact business must be signed by at least one gene a partner. Type or print name and title ROBERT P. JOHNSON, PRESIDENT Name of General Partner if a corporation or other entity NET LEASE MANAGEMENT 84 A

(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 atterney'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