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Form LP 201 (Rev. Jan. 1995)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File# SC12420

> Assigned by Secretary of State

DEPT-01 RECORDING \$23.50 1,2222 TRAN 6452 04/21/97 16:31:00 1,4345 * KB *-テアー275832 COOK COUNTY RECORDER

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

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

1.	Limited partnership's na	me: JPP Investors, L.P.				
2.	The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 318 West Adams Street, Suite 1600 Chicago, Illinois 60606					
			9-00	ok (t	٠ ٧,	
3.	Federal Employer Identi	fication Number (F.E.I.N): Ap	plied For	(<u> </u>	
4.	This certificate of limited partnership is effective on: (Check one) (a) X the filing date, or (b) another date later than but not more than 60 days subsequent to the filing date: (month, day, year)					
5.	(month, day, year) The !imited partnership's registered agent's name and registered office address is:					
	Registered agent:	Gregory	J.		Perry	
	Registered Office:	First name 161 North Clark	Middle name		Last name #3100	
	(P.O. Box alone and c/o are unacceptable)	Number Chicago	Street Cook	Illinois	Suite # 60601	
		City	County		Zip Code	
6.	The limited partnership's	purpose(s) is: To furnish and	d provide individua	als using t	he facilities	
	of JPP Securitie	s, Inc. with trading ca	oital.			
	IRS Business Code Nu	mber is: <u># 6746</u>	· · · · · · · · · · · · · · · · · · ·			
7.	Dissolution date is:	Perpetual or <u>December 3</u> :	l. 1999 (month, day, yea	r)	130	
		26 - 5/20/96)			90-	

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is \$1,010,000.00

9. A brief statement of the partners' membership termination and distribution rights:

Provided as set forth in the Agreement of Limited Partnership.

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

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

All general partners are required to sign the certificate of limited partnership.

BUSINESS ADDRESS

SIGNATURE AND NAME	
Signature Ker Lange	Number/Street 318 West Adams, Suite 1600
Type or print name and title <u>Joseph P. Perry.</u>	Ci'y/townChicago
President Name of General Partner if a corporation or 5949-53/-	.3 77,
other entity	State IL Zip Code 60606
Signature	Number/Street
Type or print name and title	
Name of General Partner if a corporation or	State Zin Code
other entitySignature	Number/Street
Type or print name and title	City/town
Name of General Partner if a corporation or	State Zip Code

(Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signatures may only **RETURN TO:**

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!

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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