

006719 SOSIL 02/04/98  
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Form LP1108C  
(Rev. Jan. 1995)

FILING DEADLINE IS  
PRIOR TO 03/01/98

\$15 Filing Fee

Submit Typed  
Duplicate

FORMS OF PAYMENTS

Payments 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 - STATE OF ILLINOIS  
LIMITED PARTNERSHIP BIENNIAL RENEWAL REPORT

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT  
FORM LP 202 (ILLINOIS) OR LP 906 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

Registered Agent name and Registered Agent's office address.

THOMAS E. SCHRICKEL  
1410 N STATE BKWY  
CHICAGO, IL 60610

COOK

Limited Partnership Name: IFB REMAINDERMAN LIMITED PARTNERSHIP

Secretary of State's Assigned File Number: C006719

Federal Employer Identification Number: 363836190

State of Jurisdiction: ILLINOIS

If Foreign attach a current Certificate of Good Standing

I affirm this limited partnership still exists in Illinois.

Address of office where records required by Section 104 (Illinois) or Section 902 (Foreign) are kept:

2150 EAST LAKE COOK RD STE 450

COOK

BUFFALO GROVE, IL 60089

The undersigned affirms, under penalty of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.

*Thomas E. Schrickel*

(Signature)

THOMAS E. SCHRICKEL, PRESIDENT

(Type or Print Name and Title)

IFB MANAGEMENT INC, GENERAL PARTNER

(Name of General Partner if a corporation or other entity)

(Signature must be in black ink on an original document. Carbon copy, photo copy or rubber stamp  
signature may only be used on conformed copies).

RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357 Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

000586

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