FFICIAL COPY (Rev. Jan. 1995) Filing Fee \$25 99564A30 lpha submit in duplicate! 5607/0184 52 001 Page 1 of 1999-06-11 15:33:21 Cook County Recorder GEORGE H. RYAN SECRETARY OF STATE All correscondence regarding this filing will STATE OF ILLINOIS be sent to the registered CERTIFICATE OF CANCELLATION agent of the limitsa partnership unless a self-OF THE addressed envelope with CERTIFICATE OF LIMITED PARTNERSHIP pre-paid postage is (Illinois limited partnership) included. Limited partnership's name: <u>Income Partners-X</u>[I] 2. File number assigned by the Secretary of State: C003717 3. Federal Employer Identification Number (F.E.I.N): 36-3367360 4. The reason for filing this certificate of cancellation: Partnership is no longer conducting any business. 5. This-certificate of-cancellation 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) 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: 900 N. Michigan Avenue Suite 1900

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Chicago, IL 60611



Jmb Realty Corp 900 N. Michigan are Ste#900 Chyo., Ill 60611 5-4 P-2 N-4 23.0

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(Rev. Jan. 1995)

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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 partners.

SIGNATURE AND NAME

Signature Line Signature Signature Line Signature Kimberly Schwartz,

Asst. Secretary

Name or General Partner if a corporation or other entity ASPP Associates, L.P.

| Signature | Signature |
|---------------------------------------------|---------------------------------------------|
| Type or print name and title | Type or print name and title |
| Name of General Partner if a corporation or | Name of General Partner if a corporation or |
| other entity | other entity |
| Signature | Signature |
| Type or print name and title | Type or print name and title |
| Name of General Partner if a corporation or | Name of General Partner if a conjoration or |
| other entity | other entity |

(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 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