## LINOFFICIAL COMPONING FIGURE 1 of

(Rev. Jan. 1995)

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Cook County Recorder

23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!

99095394

C002566 SOSIL 12/31/98 25.00 IC 0000029884 FILED

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

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

1.	Limited partnership's name: IDS/JMB Balanced Income Growth , Ltd.		
2.	File number assigned by the Secretary of State: C002566		
3.	3. Federal Employer Identification Number (F.E.I.N): 36-3498972		
4.	4. The reason for filing this certificate of cancellation: The 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 proce against the limited partnership that may be served on him or her is: 900 N. Michigan Avenue			
	Ste. 1900		
	Chicago, IL 60611 COOK COUNTY.		
	8		

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(ILL. - LP 2828 - 12/27/94)

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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 Managers, Inc.

Signature Kimberly Schwartz T	Signature
Type or print name and title	Type or print name and title
Kimberly Schwartz, Asst. Secretary	4/2
Name of General Partner if a corporation or Realty Income Associates, L.P.	Name of General Partner if a corporation or
other entity  By: Realty Income Partners, L.P.  Its: General Partner	other entity
By: JMB Realty Corporation	and the same of th
Its: Managing Partner Signature	Signature
Type or print name and title	Type or print name and fitte
Name of General Partner if a corporation or	Name of General Partner if a corporation 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