

Form LP 203
(Rev. Jan. 1995)

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 Kimberly Schwartz
Type or print name and title Kimberly Schwartz
Asst. Secretary
Name of General Partner if a corporation or
other entity Income Growth Managers, Inc.

Signature Kimberly Schwartz
Type or print name and title _____
Kimberly Schwartz, Asst. Secretary
Name of General Partner if a corporation or
other entity Realty Income Associates, L.P.
By: Realty Income Partners, L.P.
Its: General Partner
By: JMB Realty Corporation
Its: Managing Partner

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