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Application for Registration - Foreign Limited Partnership

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Sa

FILED: JUL 16, 2020
OREGON SECRETARY OF STATE

169541092-21274524

REGISTRY NUMBER: 1695410-92
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pu
We must release this information to all parties upon request and it will be posted on our website.

MHC TT, L.P.

NEWREG
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Please Type or Print Legibly in Black Ink. Attach Additional Sheet If Necessary.

1) NAME OF LIMITED PARTNERSHIP: NOTE: Must be identical to the name of record in home jurisdiction.
MHC TT, L.P.

2) STATE OR COUNTRY OF FILING:
Delaware

3) REGISTRY NUMBER IN HOME JURISDICTION 2669212
OR: CERTIFICATE OF EXISTENCE ☐ ATTACHED

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

4) DATE OF FORMATION:
10/1/1996

5) DURATION, IF NOT INDEFINITE:

6) ADDRESS OF OFFICE: (Street address where records are kept.)
Two N. Riverside Plaza, Suite 800
Chicago, IL 60606

7) THE PARTNERSHIP AGREES TO KEEP THE RECORDS REFERRED TO IN ORS 70.050 UNTIL THE FOREIGN LIMITED PARTNERSHIP'S REGISTRATION IN OREGON IS CANCELLED.
☒ YES

8) NAME OF REGISTERED AGENT:
C T Corporation System

9) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:
(Must be an Oregon Street Address, which is identical to the registered agent's business office.)
780 Commercial Street SE, STE 100,
Salem, OR 97301

10) ADDRESS WHERE DIVISION MAY MAIL NOTICES:
780 Commercial Street SE, STE 100,
Salem, OR 97301

11) NAME AND ADDRESS OF EACH GENERAL PARTNER:
MHC Trails GP, L.L.C.
Two N. Riverside Plaza, Suite 800, Chicago, IL 60606

12) EXECUTION: (Signature of each General Partner.)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: DocuSigned by: Walter Jaccard C55144D0AAEC45A...

Printed Name: Walter B. Jaccard, Vice President

CONTACT NAME: (To resolve questions with this filing.)
Jo Figueroa

PHONE NUMBER: (Include area code.)
(312) 405-8498

FEES
Required Processing Fee $275
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."
Free copies are available at sos.oregon.gov/business using the Business Name Search program.