

## State of California

## Secretary of State

Form LP-1

## **CERTIFICATE OF LIMITED PARTNERSHIP**

IMPORTANT—Read instructions on back before completing this form

This Certificate is presented for filing pursuant to Section 15621 California Corporations Code.

1. NAME OF LIMITED PARTNERSHIP		·	
Overtwee Frank I D			
Overture Fund, L.P.  2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY A	ND STATE	ZIP CODE
50 California Street, Suite 420, San Francisc			2.1 0052
3. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IS AN ANOTHE			ZIP CODE
50 California Street, Suite 420 San Francisco	٦.		CA 94111
4. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AN		RTIFICATE IS EXECU	JTED.
THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON	N/A	19	WITH THE RECORD
OFCOUNTY. FI	LE OR RECORDATION NUMBER		
5. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECON			
A NAME: Symphony Asset Management, Inc.	C. NAME:		
ADDRESS: 50 California Street, Suite 420	ADDRESS:		
CITY: San Francisco STATE: CA ZIP CODE: 94111	CITY:	STATE:	ZIP CODE:
B. NAME:	D. NAME:		
ADDRESS:	ADDRESS:		
CITY: STATE: ZIP CODE:	CITY:	STATE:	ZIP CODE:
6. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS:			
NAME: Neil L. Rudolph	G		O led T F
ADDRESS: 50 California Street Ste 420	<sub>CITY:</sub> San Francisco	STATE: CA	ZIP CODE: 94111
7. ANY OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE NOTED BE NOTED ON SEPARATE PAGES AND BY REFERENCE HEREIN ARE A PART OF	8. INDICATE THE NUMBER OF GET FOR FILING CERTIFICATES OF A	NERAL PARTNERS S	GNATURES REQUIRED
THIS CERTIFICATE.			TEMENT, DISSOLUTION,
NUMBER OF PAGES ATTACHED: g NUMBER OF GENERAL PAR		R(S) SIGNATURE(S)	IS/ARE:
		(PL	EASE INDICATE NUMBER ONLY)
9. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED TO PARTNERSHIP WHICH EXECUTION IS MY (OUR) ACT AND DEED. (SEE INSTRUCTION)	THIS CERTIFICATE OF LIMITED ONS)		
Symphony Asset Management, Thic.		THIS SPACE F	OR FILING OFFICER USE
SIGNATURE SIGNATURE	<del></del>	9410	80000 PF
Neil D. Rudolph, 7/ / 94			
POSITION OR TITLE DATE POSITION OR TITLE	DATE		
Vice President			.ED
SIGNATURE SIGNATURE		In the office of the	e Secretary of State of California
POSITION OR TITLE DATE POSITION OR TITLE	DATE	U1 410 Q1010	or outhorna
10. RETURN ACKNOWLEDGEMENT TO:		JUL 1	8 <b>1994</b>
NAME Fric M. Sippel, Esq.	$\neg$		
ADDRESS Shartsis, Friese & Ginsburg	1	Tomo	Miller
One Maritime Plaza, 18th Floor		TONY	MILLER
STATE San Francisco, CA 94111 ZIP CODE	_	ACTING SECRET	ary of state
	LP-1 — FILING FEE: \$70:00		
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