

State of Illinois }
County of McLean } ss.

ASSUMED NAME CERTIFICATE INTENTION

This is to certify that the undersigned intend/intends to conduct and transact a

_____ business

in said County and State under the name of _____

at the following address:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE () _____ FAX () _____ E-MAIL _____

that the true and real full names of all persons owning, conducting, or transacting such business, with the respective post office address of each, are as follows:

NAME

POST OFFICE ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

Dated this _____ day of _____, 20____.

Signature(s): _____

State of Illinois }
County of _____ } ss.

I, _____, a Notary Public in and for said County and State, do hereby certify that _____

personally known to me to be the same person(s) whose name(s) is (are) subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that s/he (they) has (have) read and signed said instrument and that the statements therein contained, and each thereof, are true.

CLERK'S FILE STAMP:



(Seal) Notary Public