



## Supplementary Certificate of Ownership of an Assumed Name Business

Cancellation of Business                       A Change in Operation

Name of Business: \_\_\_\_\_  
Original Date Filed: \_\_\_\_\_ Certificate # \_\_\_\_\_  
New address is: \_\_\_\_\_  
STATE OF ILLINOIS ) \_\_\_\_\_  
                                  ) ss. \_\_\_\_\_  
County of McLean ) \_\_\_\_\_

This is to certify that the person(s) listed below has/have changed/have ceased doing business under the assumed name listed above.

Print Name(s)	Print Residence Address(es)
_____	_____
_____	_____
_____	_____
_____	_____

**Effective Date of Cancellation or Change:** \_\_\_\_\_

**The individuals listed above who own, conduct, or transact business using the above assumed name must sign and swear/affirm before a Notary Public on the lines below.**

_____	_____
_____	_____
_____	_____
_____	_____

STATE OF ILLINOIS )  
                                  ) ss.  
County of McLean )

Signed and sworn (or affirmed) before me on \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ (name/s of person/s making statement).

(Seal)

\_\_\_\_\_  
(Signature of Notary Public)