

STATE OF ILLINOIS, }
County of _____ } SS.

ASSUMED NAME CERTIFICATE INTENTION

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

business in said County and State under the name of _____
at the following post office addresses:

_____ Inside City Limits _____ Outside City Limits

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 _____, A.D. 20 _____.

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 _____ whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that _____ he _____ ha _____ read and signed said instrument and that the statements therein contained, and each thereof, are true.

I hereby certify this is a true copy. _____ Notary Public.

Dated _____, 20 _____ My commission expires on the _____ day of

_____, A.D. 20 _____
(County Clerk)