

State of Illinois, }
County of _____ } ss.

CHAPTER 96
PARAGRAPH 4
ILLINOIS REVISED
STATUTES

Assumed Name Certificate of 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 address:

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 of each are as follows:

<u>NAME</u>	<u>POST-OFFICE ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

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)