

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:

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 the _____ he _____ ha _____ read and signed said instrument and that the statements therein contained, and each thereof, are true.

I hereby certify this is true copy.

Notary Public.

Dated _____, 20 _____

(County Clerk)

(SEAL)