

STATE OF ILLINOIS }
COUNTY OF TAZEWELL } SS.

File No. _____

SUPPLEMENTAL CERTIFICATE OF OWNERSHIP OF BUSINESS (CANCELLATION OF BUSINESS)

On _____, _____, the original certificate of ownership was filed in the office of the County Clerk for

Name of Business: _____

Address: _____

This is to certify that on _____, _____, the person(s) listed below has/have ceased doing business under the assumed name listed above:

NAME OF PERSONS	POST-OFFICE ADDRESS (Street, City, State, Zip Code)

The individuals listed above and all individuals on record who own, conduct, or transact business using above the assumed name must sign before a Notary Public.

Personally appeared before me

STATE OF ILLINOIS }
COUNTY OF TAZEWELL } SS.

This instrument was acknowledged before me on this _____ day of _____, 20____ by _____ (name of person(s))

Signed and sworn to before me

_____, _____
(Date) (Year)

(Notary Public)