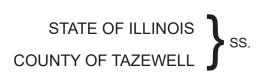
File No.	



SUPPLEMENTAL CERTIFICATE OF OWNERSHIP OF BUSINESS (CANCELLATION OF BUSINESS)

STATE OF ILLINOIS COUNTY OF TAZEWELL This instrument was acknowledged before me on this	sday of, 20by (name of person	
_	sday of, 20by	
STATE OF ILLINOIS SS.		
STATE OF ILLINOIS		
Personally appeared before me		
The individuals listed above and all individual using above the assumed name must sign b	als on record who own, conduct, or transact business efore a Notary Public.	
NAME OF PERSONS	POST-OFFICE ADDRESS (Street, City, State, Zip Code)	
nas/nave ceased doing business under the ass		
	,, the person(s) listed b	
Audiess.		
Name of Business:Address:		