

ASSUMED NAME CERTIFICATE OF INTENTION

No. _____

The undersigned person or persons do hereby certify that a _____ business is or is to be conducted or transacted under the name of _____, that its location is or will be _____ in _____, _____ in the County of Tazewell, State of Illinois, and that the true and real full name or names of the person or persons owning, conducting or transacting the same with the post office address or address of said person or persons is shown as below.

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

Dated: _____, _____

STATE OF ILLINOIS }
COUNTY OF TAZEWELL } ss.

Personally appeared before me

I, John C. Ackerman, County Clerk of Tazewell County in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate on file in my office.

Dated: _____, _____

The foregoing instrument was acknowledged before me by the person(s) intending to conduct the business this

_____ day of _____ 20____.

Notary Public (signature)
