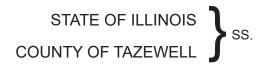
No.				
	No.	No.	No.	No.



SUPPLEMENTAL CERTIFICATE OF OWNERSHIP OF BUSINESS (CHANGE OF INDIVIDUAL'S LEGAL NAME OR ADDRESS)

On ,	_, the original certificate of ownership was filed in i			
office of the County Clerk for				
Name of Business:				
Address:				
This is to certify that on	,, the following named person(s ler the assumed name listed above made the follo			
From:	To:			
(Name)				
(Legal Street Address)	(City, State Zip Code) To: (Name)			
(City, State Zip Code)				
From:				
(Name)				
(Legal Street Address)	(Legal Street Address)			
(City, State Zip Code)	(City, State Zip Code)			
All persons named above must sign before a Notary	Public.			
Personally appeared before me				
(Signature)	(Signature)			
STATE OF ILLINOIS				
STATE OF ILLINOIS SS. COUNTY OF TAZEWELL				
his instrument was acknowledged before me on this	day of, 20by			
	(name of persor			
S	igned and sworn to before me			
<u> (</u>	Date) (Year)			