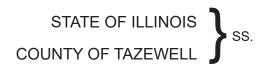
File No.		



SUPPLEMENTAL CERTIFICATE OF OWNERSHIP OF BUSINESS (WITHDRAWAL OF NAME)

STATE OF ILLINOIS COUNTY OF TAZEWELL This instrument was acknowledged before me on this	day of	(name of person(s)
	day of	, 20 by
STATE OF ILLINOIS SS.		
STATE OF ILLINOIS SS.		
	_	
Personally appeared before me		
The individuals listed above and all individuals using above the assumed name must sign before		uct, or transact business
NAME OF PERSONS		FICE ADDRESS , State, Zip Code)
business under the above assumed name and habusiness carried on under such assumed name:	ave no further connection	with or financial interest in
Address: On,, business under the above assumed name and ha		n or persons ceased do

NOTE: When addition affectuates change or transfer of 25% or more of total ownership, notice of filing

Supplementary Certificate must be published.