

STATE OF ILLINOIS,

County of \_\_\_\_\_

} ss.

**ASSUMED NAME CERTIFICATE INTENTION**

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a \_\_\_\_\_

business in said County and State under the name of \_\_\_\_\_  
at the following post office addresses:

Inside City Limits

Outside City Limits

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME

POST-OFFICE ADDRESS

<u>NAME</u>	<u>POST-OFFICE ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

STATE OF ILLINOIS,

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_, a Notary Public

in and for said County and State, do hereby certify that \_\_\_\_\_

personally known to me to be the same person \_\_\_\_\_ whose name \_\_\_\_\_ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he \_\_\_\_\_ ha \_\_\_\_\_ read and signed said instrument and that the statements therein contained, and each thereof, are true.

I hereby certify this is a true copy.

\_\_\_\_\_  
Notary Public.

Dated \_\_\_\_\_

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, A.D. \_\_\_\_\_

(County Clerk)