

Assumed-Name File #_____

ASSUMED-NAME CERTIFICATE of INTENTION

State of Illinois }
County of Woodford }

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

(kind of business)

business in said County and State under the
name of _____ (business name)

at the following post office addresses:

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

Dated this _____ day of _____, A.D. 20_____.
(Handwritten date and signature)

SIGN IN FRONT OF NOTARY

State of Illinois }

County of Woodford} 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 has read and signed said instrument and that the statements therein contained, and each thereof, are true.

Notary Public

My commission expires on the _____ day
of _____, A.D. 20____.