

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\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_.