

ASSUMED BUSINESS NAME APPLICATION

STATE OF ILLINOIS}

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County of Clinton }

This is to certify that the undersigned is (are) conducting and transacting a _____

_____ business under the name of _____
(business name)

at the following post office address:

(business street address)

(city, state, zip code)

The true and real full names of all persons owning, conducting or transacting business at such post office address are as follows:

(name)

(name)

(home street address)

(home street address)

(city, state, zip code)

(city, state, zip code)

(phone #)

(phone#)

Dated this _____ day of _____,

Signature(s)

STATE OF ILLINOIS }

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County of _____ } I, _____, a Notary Public in

and for said County and State, do hereby certify that _____

personally known to be the same person(s) whose name(s) appear above and has(have)
appeared before me this day and acknowledged that the statements contained therein are true.

(Notary Seal)

Notary Public Signature