

For Office Use:	FILE STAMP:
Certificate #	
50 Day Deadline	
Clerk's Initials	

## Assumed Business Name Certificate of Registration of Ownership of Business Notice (Filing fee of \$10.00)

Name of Business:									
Nature of Business:		(5)							
		(Describe the service or type of business)							
Address(es) where bu	usiness is	to be co	nducted or trar	nsacted in thi	s county:				
(Business Street Address)			(City)	(State)	(Zip)			(Phone)	
(Business Street Address)			(City)	(State)	(Zip)			(Phone)	
			address, per 805 ILCS a ential Address Addend					business is to be cond	ucted,
Name(s) as it appea				•			•	ting or transa	ctin
business:									
(Print Owner's Name)				(Print C	Owner's Name)				-
(Home Street Address)				(Home	Street Address)				-
(City)	(State)	(Zip)	(Phone)	(City)		(State)	(Zip)	(Phone)	-
(Print Owner's Name)				(Print C	Owner's Name)				-
(Home Street Address)				(Home	Street Address)				=
(City)	(State)	(Zip)	(Phone)	(City)		(State)	(Zip)	(Phone)	-
STATE OF ILLINOIS	<sup>5</sup> }								
COUNTY OF WILL This is to certify that th Business Name and in									ne(s
of the person(s) owning	g, conducti	ng or trar	nsacting the busi	iness is/are co	orrect as show	n.			
(Signature) As it appears	on ID			(Signat	ture) <i>As it appea</i>	ers on ID			-
(Signature) As it appears	on ID			(Signat	ture) <b>As it appea</b>	rs on ID			-
The foregoing instrume				the person(s)	intending to	conduct the b	ousiness	this	
day of	(Month)		, 20						

Signature of County Clerk -or- Notary Public