

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: \_\_\_\_\_

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

SIGNATURES { \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 acknowledge the \_\_he\_\_ha\_\_ read and  
signed said instrument and that the statements therein contained, and each thereof, are true.

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

I hereby certify this true copy,  
Dated \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(County Clerk)

(SEAL)