

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

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 _____ .

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 acknowledged that _____ he _____ ha _____ 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 _____ .

STATE OF ILLINOIS, }
County of _____ } ss.

I, _____ County Clerk of
_____ County, in the State aforesaid, do hereby certify that the within is a
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the
said County.

This _____ day of _____ .

_____ Clerk.