



# CASS COUNTY CLERK & RECORDER

## Shelly Wessel

100 E. Springfield Virginia, IL 62691

### Assumed Business Name Certificate of Intent (Application)

(Filing fee of \$15.00)

Please print

Name of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address where business is to be conducted or transacted in this County:

\_\_\_\_\_  
(Business Street Address) (City/State) (Phone)

Name(s) and current residence address(es) of the person(s) owning, conducting, or transacting business:

Please print

\_\_\_\_\_  
(Owner's Name)

\_\_\_\_\_  
(Owner's Name)

\_\_\_\_\_  
(Home Street Address)

\_\_\_\_\_  
(Home Street Address)

\_\_\_\_\_  
(City) (State) (Zip) (Phone)

\_\_\_\_\_  
(City) (State) (Zip) (Phone)

\_\_\_\_\_  
(Owner's Name)

\_\_\_\_\_  
(Owner's Name)

\_\_\_\_\_  
(Home Street Address)

\_\_\_\_\_  
(Home Street Address)

\_\_\_\_\_  
(City) (State) (Zip) (Phone)

\_\_\_\_\_  
(City) (State) (Zip) (Phone)

STATE OF ILLINOIS )  
)  
COUNTY OF CASS )

This is to certify that the undersigned, upon oath, deposes and says that the foregoing is a true and correct report of the real full name(s) of the person(s) owning the Assumed Business Name listed above, and wishes to cancel in whole or in part of the above named certificate.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

The foregoing instrument was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(Signature of Notary Public)

(For office use only) Filing Date \_\_\_\_\_ Driver's License/ID \_\_\_\_\_

Note there will be a publication fee of \$202.50 (must be kept separate from the \$15.00 Clerk filing fee).