

STATE OF ILLINOIS }
COUNTY OF STEPHENSON }

ASSUMED NAME CERTIFICATE INTENTION

This is to certify that the undersigned intend to conduct and transact _____

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:

<u>NAME</u>	<u>POST OFFICE ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated this ____ day of _____, A.D. 20____.

STATE OF ILLINOIS }
COUNTY OF STEPHENSON }

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 haven 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 _____, A.D. 20 ____

I hereby certify this is a true copy.
Dated _____, 200____

County Clerk