

ASSUMED NAME CERTIFICATE

STATE OF ILLINOIS)
COUNTY OF BUREAU) ss

This is to certify that the undersigned _____conducting and transacting a _____ at _____in said County and State, under the name of _____ 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	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

Dated this _____ day of _____, 20_____

Signature _____

Signature _____

Signature _____

Signature _____

State of Illinois)
County of Bureau) ss

I _____a Notary Public in and for said County and State, do hereby certify that the foregoing is a true and correct report of the real full name or names of the person or persons owning, conducting or transacting the business of the above named firm together with their post office address.

Notary Public

Subscribed and sworn to before me
this _____ day of _____, 20_____

My commission expires on the
_____ day of _____, 20_____