

STATE OF ILLINOIS)
) SS.
COUNTY OF HANCOCK)

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. _____

STATE OF ILLINOIS)
) SS.
COUNTY OF HANCOCK) 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 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 is a true copy.

Dated _____

My commission expires on the _____ day
of _____, A.D. _____

COUNTY CLERK