

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