

STATE OF ILLINOIS,
County of _____ }

SS.

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:

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

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

SIGNATURES {

STATE OF ILLINOIS,
County of _____ } SS.

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 acknowledges that he/she has read and
signed said instrument and that the statements therein contained, and each thereof, are true.

Notary Public.

I hereby certify this true copy,
Dated _____, 20_____

(County Clerk)

(SEAL)