

**KENDALL COUNTY
OFFICE OF THE COUNTY CLERK
111 West Fox Street
Yorkville, Illinois 60560
(630) 553-4104**

ASSUMED NAME CERTIFICATE

File No. _____

NAME OF FIRM _____

LOCATION _____

NATURE OF BUSINESS _____

TELEPHONE _____

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This is to further certify that the true and real names of all persons owning, conducting or transacting such business, with the respective post-office addresses of each, are as follows:

NAME	HOME ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

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

**SIGNATURES OF ALL PERSONS WHOSE NAMES ARE LISTED ABOVE
MUST BE SIGNED BEFORE A NOTARY PUBLIC**

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STATE OF ILLINOIS)
)SS
COUNTY OF KENDALL)

I, _____ a Notary Public in and for **Kendall** County,

Illinois, do certify that, _____ is (are)
personally known to me to be the same person (s) whose name (s) appears above and has (have)
appeared before me this day and read and signed this Certificate and acknowledge that the statements
contained therein are true.

My commission expires _____
Notary Public

SEAL