

**COUNTY OF KENDALL
OFFICE OF THE COUNTY CLERK
111 WEST FOX STREET
YORKVILLE, ILLINOIS 60560
630-553-4104**

**SUPPLEMENTARY CERTIFICATE OF OWNERSHIP OF BUSINESS
[WITHDRAWAL OF NAME]***

On the _____ day of _____ A.D. 20____, the original Certificate of Ownership No. _____

NAME OF BUSINESS: _____

LOCATION: _____

On the _____ day of _____ A.D. 20____, the following person (s) ceased doing business under the above Assumed Name and have no further connection with, or financial interest in, the business carried on under such Assumed Name.

NAME OF PERSON: _____

HOME ADDRESS: _____

NAME OF PERSON: _____

HOME ADDRESS: _____

NAME OF PERSON: _____

HOME ADDRESS: _____

USE REVERSE SIDE OF FORM IF NEEDED

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STATE OF ILLINOIS)
)SS
COUNTY OF KENDALL)

This is to certify that the undersigned, upon oath deposes and says that the forgoing is a true and correct supplementary report of the person (s) who have been withdrawn from the above-named firm, together with their residence (s).

(Signature)

(Signature)

(Signature)

(Signature)

Subscribed and sworn to before me on this _____ day of _____ A.D. 20_____.

Notary Public or County Clerk

*NOTE: When withdrawal effectuates change or transfer of 25% or more of total ownership, notice of filing Supplementary Certificate must be published.

FILING FEE OF \$1.50 APPLIES