

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

**SUPPLEMENTAL CERTIFICATE OF OWNERSHIP OF BUSINESS
[ADDITION 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) is/are doing business under the above Assumed Name.

NAME OF PERSON: _____

HOME ADDRESS: _____

NAME OF PERSON: _____

HOME ADDRESS: _____

NAME OF PERSON: _____

HOME ADDRESS: _____

USE REVERSE SIDE OF FORM IF NEEDED

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 has/have been added to 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 a business organization that has already filed for assumed name in another county, notice of filing Supplemental Assumed Name Certificate must be published for three weeks in a row - first publication within 15 days and complete publication within 50 days.

FILING FEE OF \$5.00 APPLIES