

STATE OF ILLINOIS
County of HENRY

ASSUMED NAME CERTIFICATE OF 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 address:

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

NAME	POST OFFICE ADDRESS
_____	_____
_____	_____
_____	_____

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

Signature

Signature

STATE OF ILLINOIS
County of HENRY

Signature

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 that
____he__ ha__ read and signed said instrument and that the statements therein
contained, and each thereof, are true.

Notary Public

I hereby certify this is a true copy.

Dated _____, 20__.

My commission expires on the ____
day of _____, 20__.

County Clerk