

FILE NO. _____

ASSUMED NAME CERTIFICATE

This is to certify that the undersigned intends to conduct and transact a

business in Macon County Illinois under the name of

at the following physical address:

Inside the City Limits Outside City Limits

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

PRINT NAME

PRINT HOME ADDRESS

SIGNATURE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

STATE OF ILLINOIS)
) SS.
COUNTY OF MACON)

I, _____ a Notary Public in and for Macon County IL,

do hereby certify that _____ personally known to me to be the same person or persons whose name subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she/they has/have read and signed said instrument and that the statements therein contained, and each thereof, are true.

I hereby certify this is a true copy. Dated this ___ day of _____, A.D. 20__

Notary Public
My commission expires
on the ___ day of _____, A.D. 20__

Josh Tanner
Macon County Clerk