

State of Illinois }ss

CERTIFICATE NUMBER \_\_\_\_\_

County of Kane }

### ASSUMED NAME CERTIFICATE

*805 ILCS 405/1 Illinois Compiled Statues*

This is to certify that the undersigned is (are) conducting and transacting a business in Kane County, Illinois, under the name \_\_\_\_\_

(NOT INCORPORATED OR A CORPORATION)

and that the address of said business will be:

\_\_\_\_\_

(BUSINESS STREET ADDRESS)

\_\_\_\_\_

(KANE COUNTY CITY, STATE AND ZIP CODE)

Business Owner(s) Phone: (\_\_\_\_\_) \_\_\_\_\_

The nature of the business or service to be conducted is (please describe clearly):

\_\_\_\_\_

This is to further certify that the true and real full names of all person(s) owning, conducting or transacting such business, with the respective post office addresses of each owner(s), are as follows:

|                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| OWNER'S NAME PRINTED  | OWNER'S NAME PRINTED  | OWNER'S NAME PRINTED  |
| HOME STREET ADDRESS   | HOME STREET ADDRESS   | HOME STREET ADDRESS   |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE |

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

|                   |                   |                   |
|-------------------|-------------------|-------------------|
| (OWNER SIGNATURE) | (OWNER SIGNATURE) | (OWNER SIGNATURE) |
|-------------------|-------------------|-------------------|

Dated this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

State of Illinois }ss

County of Kane }

I, \_\_\_\_\_ A Notary Public in and for Kane County, Illinois, do hereby certify that

\_\_\_\_\_ is (are) personally known to me, to be the same person(s) whose name(s) appear above and has(have) appeared before me this day and read and signed this certificate and acknowledged that the statements contained therein are true.

(notary seal)

NOTARY PUBLIC SIGNATURE