

ASSUMED NAME CERTIFICATE

STATE OF ILLINOIS)
COUNTY OF BUREAU) ss

This is to certify that the undersigned IS / ARE conducting and transacting
circle one

a _____ at
type of business

_____ in said County and State, under
address of business

the name of (business name) _____
that the true and real full names of all persons owning, conducting or transacting
such business, with the respective post office address of each are as follows:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

Dated this _____ day of _____, 20____

Signature _____
Signature _____
Signature _____
Signature _____

State of Illinois)
County of Bureau) ss

I _____ a Notary Public in and for said County and
State, do hereby certify that the foregoing is a true and correct report of the real
full name or names of the person or persons owning, conducting or transacting
the business of the above named firm together with their post office address.

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public
My commission expires on the
_____ day of _____, 20____