COUNTY OF KENDALL OFFICE OF THE COUNTY CLERK 502 S. MAIN STREET YORKVILLE, ILLINOIS 60560 630-553-4104

SUPPLEMENTAL CERTIFICATE OF OWNERSHIP OF BUSINESS [ADDITION OF NAME]*

On the day of	A.D, 20	_, the origin	nal Certificate of Ownership No
NAME OF BUSINESS:			
LOCATION:			
On theday of above Assumed Name.	A.D, 20	, the follo	owing person (s) is/are doing business under the
NAME OF PERSON:			
HOME ADDRESS:			
NAME OF PERSON:			
HOME ADDRESS:			
NAME OF PERSON:			
HOME ADDRESS:			
	USE REVERSE		RM IF NEEDED
STATE OF ILLINOIS)) SS COUNTY OF KENDALL)			
	ersigned, upon oath deposes ar been added to the above-name		ne forgoing is a true and correct supplementary report of ner 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