



# MENARD COUNTY CLERK & RECORDER

Martha "Marty" Gum

## ASSUMED NAME CERTIFICATE OF INTENTION

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### Owners Names and Address (typed or printed below)

| Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |

Signature of All Owners \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE OF ILLINOIS    )  
                                  SS  
COUNTY OF MENARD    )

Be it known that the above individuals personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who duly acknowledged that he/she executed the above certificate.

(SEAL)

\_\_\_\_\_

Notary Public