## MENARD COUNTY CLERK & RECORDER



(For office use only) Certificate # \_\_\_

Martha "Marty" Gum 102 S. 7<sup>th</sup> Street Petersburg, IL 62675

## Supplementary Certificate of Cancellation or Withdrawal of Assumed Name

(Filing fee of \$5.00) , 20 an original Assumed Business Name Certificate was filed in the Office of the Menard County Clerk under the name , 20 the following person(s) wish(es) to have the certificate On this \_\_\_\_\_ day of \_\_\_ ☐ **Cancelled in Whole** - Closing the business ☐ Cancelled in Part - Withdrawal of an owner(s) by filing of this supplementary certificate, under oath, showing such person(s) has/have ceased doing business under the above Assumed Name, or that the person(s) executing this supplementary certificate has/have no further connection with or financial interest in the business carried on under this Assumed Name. \_\_\_\_\_ Phone Number \_\_\_\_ Owner Name Cancellation/Closing of Publication Required) \_\_\_\_\_ City \_\_\_\_\_ **Assumed Business** \_\_\_\_\_ Phone Number \_\_\_\_\_ Owner Name \_\_\_ \_\_\_\_\_ City \_\_\_\_\_ \_\_\_\_\_ Phone Number \_\_\_ Owner Name \_\_\_\_ City \_\_\_\_\_ \_\_\_ State\_\_\_\_ Zip \_\_\_\_ \_\_\_\_\_ Phone Number \_\_\_\_ Owner Name (Publication Required if change involves 25% or more of total ownership) Withdrawal of Owner(s) \_\_\_\_\_ City \_\_\_ \_\_\_ State\_\_\_\_ Zip \_\_\_\_ Address \_ \_\_\_\_\_ Phone Number \_\_\_\_ Owner Name \_\_\_\_\_ City \_\_\_\_\_ \_\_\_\_ Phone Number \_\_\_ Owner Name \_\_\_ \_\_\_\_\_ City \_\_\_\_\_ \_\_\_\_\_ State\_\_\_\_ Zip \_\_\_\_\_ Address STATE OF ILLINOIS COUNTY OF MENARD This is to certify that the undersigned, upon oath, deposes and says that the foregoing is a true and correct report of the real full name(s) of the person(s) owning the Assumed Business Name listed above, and wishes to cancel in whole or in part of the above named certificate. (Signature) (Date) (Signature) (Date) (Signature) (Signature) (Date) (Date) The foregoing instrument was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_. (SEAL) (Signature of Notary Public)

\_\_\_\_\_\_ Driver's License/ID\_\_