

STATE OF ILLINOIS )  
COUNTY OF MACON )SS.

**ASSUMED NAME CERTIFICATE OF INTENTION**

This is to certify that the undersigned intends to conduct and transact a  
business in Macon County Illinois under the name of  
at the following physical address:

Inside the City Limits  Outside City Limits

that the true and real full names of all persons owning, conducting or transacting such business, with the  
respective home address of each, are as follows:

**PRINT NAME**

**PRINT HOME ADDRESS**

**SIGNATURE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_ day of \_\_\_\_\_, A.D. 20\_\_

STATE OF ILLINOIS )  
COUNTY OF MACON )SS.

I, \_\_\_\_\_ a Notary Public in and for said Macon County IL,

do hereby certify that  
personally known to me to be the same person or persons whose name subscribed to the foregoing instrument,  
appeared before me this day in person and acknowledged that  he  she  they read and signed said  
instrument and that the statements therein contained, and each thereof, are true.

I hereby certify this is a true copy.

\_\_\_\_\_  
Notary Public

Dated this \_\_\_ day of \_\_\_\_\_, A.D. 20\_\_

My commission expires on the \_\_\_ day of \_\_\_\_\_, A.D. 20\_\_