

**ASSUMED NAME CERTIFICATE-Intention**

**STATE OF ILLINOIS  
SHELBY COUNTY**

This is to certify that the undersigned intend(s) to conduct and transact

a \_\_\_\_\_  
(Type of Business)

Business in said County and State under the name of \_\_\_\_\_

\_\_\_\_\_ at the following post office addresses:  
(Business Name)

\_\_\_\_\_  
(Business Address)

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

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:

\_\_\_\_\_  
(Owner Name & Address)

\_\_\_\_\_  
(Owner Name & Address)

\_\_\_\_\_  
(Owner Name & Address)

\_\_\_\_\_  
(Owner Name & Address)

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

Owner Signature: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Owner Signature: \_\_\_\_\_