

JAZMIN L. WINGERT, Stephenson County Clerk
50 W. DOUGLAS ST. SUITE 500 FREEPORT, IL 61032

STATE OF ILLINOIS }
COUNTY OF STEPHENSON } SS

FILE NO. _____
FILING FEE: \$19.00

ASSUMED NAME CERTIFICATE

It is hereby certified that the undersigned is/are conducting or transacting business under the Assumed Name of:

(List the BUSINESS NAME)

The business is located at the following location:

(List the BUSINESS ADDRESS)

The nature of the business being conducted or transacted is:

(Declare the TYPE OF BUSINESS)

The true and real full names of all the person(s) owning, conducting or transacting the business are as follows:

PRINT NAME(s):

PRINT RESIDENCE ADDRESS(es):

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

Dated this ____ day of _____, 20____

SIGNATURE: _____

SIGNATURE: _____

SIGNATURE: _____

I, _____, a Notary Public in and for said County and State, do hereby certify that _____ is/are the same person(s) whose name(s) is/are subscribed to the foregoing instrument, and that _____ appeared before me this day in person and acknowledged that he/she/they has/have read and signed said instrument, and that each of the statements contained therein are true.



(Signature of Notary Public)