

Barbara M. Link
Henry County Clerk/Recorder
307 W. Center St.
Cambridge, IL 61238
www.henrycty.com

For Office Use Only

Certificate No: _____

Filing Date: _____

Clerk's Initials: _____

ASSUMED NAME CERTIFICATE BUSINESS APPLICATION

Name of Business: _____

Nature of Purpose of Business: _____
(Describe the type or purpose of business)

Address(es) where business is to be conducted or transacted in this County:

(Business Street Address) (City, State, Zip) (Phone)

(Post Office or other Mail Only Address) (City, State, Zip) (Phone)

Name(s) and residence address(es) of the person(s) owning, conducting or transacting business:

(Print Owner's Name) (Print Owner's Name)

(Home Street Address) (Home Street Address)

(City, State, Zip) (Phone) (City, State, Zip) (Phone)

(Print Owner's Name) (Print Owner's Name)

(Home Street Address) (Home Street Address)

(City, State, Zip) (Phone) (City, State, Zip) (Phone)

STATE OF ILLINOIS

County of HENRY

This is to certify that the undersigned intend(s) to conduct the above named business from the location(s) indicated and that the true and legal full name(s) of person(s) owning, conducting or transacting the business is/are correct as shown

Signature

Signature

Signature

Signature

The foregoing instrument was acknowledged before me by the person(s) intending to conduct the business this _____ day of _____.

(Notary Seal)

(Signature of Notary Public)

I hereby certify this is a true copy. Dated at Cambridge, Illinois this _____ day of _____, 20_____.