

Certificate # _____

JEAN KACZMAREK
DU PAGE COUNTY CLERK
P.O. BOX 1028
421 North County Farm Road
Wheaton, Illinois 60187
(630) 407-5500
www.dupageco.org/countyclerk

CERTIFICATE OF OWNERSHIP UNDER THE ASSUMED BUSINESS NAME ACT

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

CITY, STATE & ZIP: _____

NATURE OF BUSINESS: _____

PHONE NUMBER: _____ E-MAIL: _____

.....
The following is a true and full report of the names and addresses of all persons owning, conducting or transacting the business named above.

NAME OF PERSON(S)	HOME ADDRESS	CITY, STATE, ZIP/PHONE	% OWNERSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

.....
STATE OF ILLINOIS)
) SS
COUNTY OF DU PAGE)

I, _____, being duly sworn upon oath, deposes and says that the foregoing is a true and correct report of the real, full, name or names of the person or persons owning, conducting or transacting the above-named business, with post office address or addresses.

Signed _____

Signed and sworn to (or affirmed) by _____ before me on this _____ day of _____ A.D. 20____.

For additional owners, please complete the back.

Notary Public or County Clerk

Fee **\$10.00**

Upon filing this Certificate, it will be assigned a number. You will be given instructions on how to proceed with legal publication, as required by law.

STATE OF ILLINOIS)
) SS
COUNTY OF DU PAGE)

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Signed _____

Signed and sworn to (or affirmed) by _____ before me on this _____ day
of _____ A.D. 20____.

Notary Public or County Clerk

STATE OF ILLINOIS)
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COUNTY OF DU PAGE)

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of _____ A.D. 20____.

Notary Public or County Clerk