

**ADAMS COUNTY ASSUMED NAME  
CERTIFICATE OF OWNERSHIP OF A BUSINESS**

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

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	%

STATE OF ILLINOIS )  
COUNTY OF ADAMS )

I, \_\_\_\_\_, being duly sworn upon oath, depose and say 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.

\_\_\_\_\_  
(SIGNATURE)

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

For additional person(s), please complete next page to do notarize individually.

STATE OF ILLINOIS )  
COUNTY OF ADAMS )

I, \_\_\_\_\_, being duly sworn upon oath, depose and say 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.

\_\_\_\_\_

(SIGNATURE)

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

(SIGNATURE OF NOTARY PUBLIC)

(SEAL)

-----  
STATE OF ILLINOIS )  
COUNTY OF ADAMS )

I, \_\_\_\_\_, being duly sworn upon oath, depose and say 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.

\_\_\_\_\_

(SIGNATURE)

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

(SIGNATURE OF NOTARY PUBLIC)

(SEAL)

-----  
STATE OF ILLINOIS )  
COUNTY OF ADAMS )

I, \_\_\_\_\_, being duly sworn upon oath, depose and say 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.

\_\_\_\_\_

(SIGNATURE)

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

(SIGNATURE OF NOTARY PUBLIC)

(SEAL)