Joe Aiello

SANGAMON COUNTY CLERK

Sangamon County Complex

200 South Ninth Street • Springfield, IL 62701

(217) 753-6700 • Fax: (217) 535-3233

Website: www.sangamoncountyclerk.com

CERTIFICATE OF OWNERSHIP OF BUSINESS

NAME OF BUSINESS:_____

ADDRESS OF BUSINESS:_____

Street City State Zip

BUSINESS PHONE:_____

PUBLISH IN:(check one) _____**State Journal-Register** or _____**Illinois Times**

NAME OF OWNER	***STREET ADDRESS***	***CITY, STATE, ZIP***

STATE OF ILLINOIS)

) SS

COUNTY OF SANGAMON)

The following is a true and full report of the names and addresses of all persons owning, conducting or transacting the business named above; 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 business named above together with their post office addresses.

_____

Signature of Owner

Subscribed and sworn to before me this_____ day of_____, _____

_____ _____

County Clerk Notary Public