

FILE NO. _____

CERTIFICATE OF BUSINESS OWNERSHIP

The undersigned person or persons do hereby certify that our business is to be conducted or transacted under the name of _____

that its location will be _____ in the City of

_____ in the County of Saline, State of Illinois, and that the true or real

full name or names of the person or persons owning, conducting or transacting the same with

the post office address or address of said person or persons is as shown below:

Name	Address	City
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated _____ 20 _____

STATE OF ILLINOIS

COUNTY OF SALINE

Personally appeared before me,

_____, _____
_____, _____
_____, _____

Who duly acknowledge that they executed the above certificate.

Dated _____ 20 _____

Notary Public