



JENNIFER EBNER
LASALLE COUNTY CLERK

FILING ASSUMED NAME CERTIFICATES

1. Applicant or attorney representative completes **two (2) copies** of each of the Assumed Name Certificates and Assumed Name Intention and has them notarized.
2. He will then forward in person or by mail both certificates and both intentions with a filing fee of twenty-five dollars (\$25.00) to this office.
3. The documents are certified, a receipt for the filing fee is issued, and one copy of the Assumed Name Intention is given to the applicant.
4. Notice of the filing of such certificate shall be published in a newspaper of general circulation published within LaSalle County. Such notice shall be published once a week for three (3) consecutive weeks. The first publication shall be within fifteen (15) days after the certificate was filed in the office of the County Clerk. The applicant is responsible for taking the publication notice to the newspaper following filing with the County Clerk
5. The publication must contain the Exact Date your certificate was accepted for filing in the office of the County Clerk.
6. After such publication, the paper will issue a "Certificate of Publication" which is returned to this office by mail or in person, within fifty (50) days from the filing of the certificate. The applicant is responsible for returning the certificate of publication to this office. Unless proof of publication is made, the original Assumed Name filing is void.
7. The applicant is then issued a certified copy of the Assumed Name Certificate and a receipt for the proof of publication. The Assumed Name is then issued a number and entered into the LaSalle County Assumed Name register.

(Revised December 2022)

STATE OF ILLINOIS }

COUNTY OF LASALLE } ss.

ASSUMED NAME CERTIFICATE INTENTION

This is to certify that the undersigned intend to conduct and transact a _____

business in said County and State under the name of _____

at the following post office addresses:

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME

POST OFFICE ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated this ____ day of _____, A.D. 20____.

STATE OF ILLINOIS }

COUNTY OF LASALLE } ss.

I, _____, a Notary Public

in and for said County and State, do hereby certify that _____ personally

known to me to be the same person whose name _____ subscribed to the foregoing

instrument, appeared before me this day in person and acknowledged having read and signed said instrument and that the statements

therein contained, and each thereof, are true.

Notary Public

My commission expires on the ____ day

of _____, A.D. 20 ____

I hereby certify this is a true copy.

Dated _____, 20____

County Clerk

STATE OF ILLINOIS }

COUNTY OF LASALLE } ss.

ASSUMED NAME CERTIFICATE INTENTION

This is to certify that the undersigned intend to conduct and transact a _____

business in said County and State under the name of _____

at the following post office addresses:

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME

POST OFFICE ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated this _____ day of _____, A.D. 20____.

STATE OF ILLINOIS }

COUNTY OF LASALLE } ss.

I, _____, a Notary Public

in and for said County and State, do hereby certify that _____ personally

known to me to be the same person whose name _____ subscribed to the foregoing

instrument, appeared before me this day in person and acknowledged having read and signed said instrument and that the statements

therein contained, and each thereof, are true.

Notary Public

My commission expires on the _____ day

of _____, A.D. 20 ____

I hereby certify this is a true copy.

Dated _____, 20____

County Clerk

To the County Clerk of LaSalle County:

File No. _____

ASSUMED NAME CERTIFICATE

Name of Business: _____

Address(es) of Business: _____

(Legal Street Address - NO PO BOXES) (City, State, Zip Code)

(Legal Street Address - NO PO BOXES) (City, State, Zip Code)

(Legal Street Address - NO PO BOXES) (City, State, Zip Code)

STATE OF ILLINOIS }
County of LaSalle } ss.

The following is a true and correct report of the names and addresses of all persons who own, conduct, or transact business using the above assumed named:

Print Name(s):

Print Residence Address(es):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signatures of all persons who are listed above must be signed before a Notary Public.

_____ (Signature)	_____ (Signature)
_____ (Signature)	_____ (Signature)
_____ (Signature)	_____ (Signature)
_____ (Signature)	_____ (Signature)

STATE OF ILLINOIS }
County of LaSalle } ss.

This instrument was acknowledged before me on this ____ day of _____, 20__ by _____
_____ (name of person(s)).

(Signature of Notary Public)

(Notary Seal)

(Only use if additional Notary Public certificates are needed to acknowledge additional signatures.)

ASSUMED NAME CERTIFICATE
(Continued)

Name of Business: _____

STATE OF ILLINOIS }
County of LaSalle } ss.

This instrument was acknowledged before me on this ____ day of _____, 20__ by _____
_____ (name of person(s)).

(Notary Seal)

(Signature of Notary Public)

STATE OF ILLINOIS }
County of LaSalle } ss.

This instrument was acknowledged before me on this ____ day of _____, 20__ by _____
_____ (name of person(s)).

(Notary Seal)

(Signature of Notary Public)

STATE OF ILLINOIS }
County of LaSalle } ss.

This instrument was acknowledged before me on this ____ day of _____, 20__ by _____
_____ (name of person(s)).

(Notary Seal)

(Signature of Notary Public)

STATE OF ILLINOIS }
County of LaSalle } ss.

This instrument was acknowledged before me on this ____ day of _____, 20__ by _____
_____ (name of person(s)).

(Notary Seal)

(Signature of Notary Public)

STATE OF ILLINOIS }
County of LaSalle } ss.

I, Jennifer Ebner, County Clerk of LaSalle County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate on file in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at my office in LaSalle County
on _____

(County Clerk)

For additional information reference the 805 Illinois Compiled Statutes at:
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2299&ChapterID=65>

To the County Clerk of LaSalle County:

File No. _____

ASSUMED NAME CERTIFICATE

Name of Business: _____

Address(es) of Business: _____

(Legal Street Address - NO PO BOXES) (City, State, Zip Code)

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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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_____ (Signature)	_____ (Signature)
_____ (Signature)	_____ (Signature)

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County of LaSalle } ss.

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ASSUMED NAME CERTIFICATE
(Continued)

Name of Business: _____

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County of LaSalle } ss.

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(Notary Seal)

(Signature of Notary Public)

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(Signature of Notary Public)

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County of LaSalle } ss.

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IN WITNESS WHEREOF, I have hereunto set my hand and seal at my office in LaSalle County
on _____

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