STATE OF ILLINOIS )
) ss
COUNTY OF MOULTRIE )

# ASSUMED NAME APPLICATION

**THE COUNTY CLERK'S OFFICE WILL PREPARE ALL THE REQUIRED ASSUMED NAME DOCUMENTS FROM THIS WORKSHEET**

The undersigned person(s) do hereby INTEND to conduct and transact a _____ _____ business in said County and State under the following:

Name of Business: _____

Business Address: _____
Address City State Zip

Home Phone (____) _____-_____ Business Phone: (____) _____-_____ Fax: (____) _____-_____

E-Mail: _____

That the true or real full names of all persons owning, conducting or transacting said business with post office address or address of each, are as follows:

| Name | Address | City/Village |
|---|---|---|
| | | |
| | | |
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