OFFICE OF THE KENDALL COUNTY CLERK
502 S. MAIN STREET
YORKVILLE, ILLINOIS 60560

SUPPLEMENTARY CERTIFICATE OF OWNERSHIP OF BUSINESS
[CHANGE OF ADDRESS]

On the ____day of_____A.D._____, the original Certificate of Ownership

No._____, was filed for:

NAME OF FIRM:_____

LOCATION:_____

SIGNATURE OF OWNER:_____

On the ____day of_____A.D._____, the address (es) where said **business is**

carried on was changed FROM:_____

TO (NEW ADDRESS):_____

On the____day of_____A.D._____, the following person (s):_____

_____

doing business under the above assumed name, changed their **residence from**;

OLD ADDRESS:

_____

NEW ADDRESS:

_____

STATE OF ILLINOIS)
) SS
COUNTY OF KENDALL)

This is to certify that the undersigned, upon oath deposes and says that the foregoing is a true and correct supplementary report for the change of address in the above named firm.

_____ _____

(SIGNATURE) (SIGNATURE)

Subscribed and sworn to before me this_____day of_____A.D. 20

_____

Notary Public or County Clerk

NOTE: Change of Address does not require publication.

FILING FEE OF $5.00 APPLIES