

**COUNTY OF KENDALL  
OFFICE OF THE COUNTY CLERK  
502 S. MAIN STREET  
YORKVILLE, ILLINOIS 60560  
630-553-4104**

**SUPPLEMENTARY CERTIFICATE OF OWNERSHIP OF BUSINESS  
[WITHDRAWAL OF NAME]\***

On the \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_, the original Certificate of Ownership No. \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_, the following person (s) ceased doing business under the above Assumed Name and have no further connection with, or financial interest in, the business carried on under such Assumed Name.

NAME OF PERSON: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

NAME OF PERSON: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

NAME OF PERSON: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

USE REVERSE SIDE OF FORM IF NEEDED

STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF KENDALL)

This is to certify that the undersigned, upon oath deposes and says that the forgoing is a true and correct supplementary report of the person (s) who have been withdrawn from the above-named firm, together with their residence (s).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or County Clerk

\*NOTE: When withdrawal effectuates change or transfer of 25% or more of total ownership, notice of filing Supplementary Certificate must be published.

FILING FEE OF \$1.50 APPLIES