

File Stamp

CERTIFICATE

File No. _____

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

and that its location is or will be: _____
(Street Address)

In the _____
(City) (Zip Code)

In the County of McHenry, State of IL, 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 of said persons is as shown below.

Name	Address	City	State	Zip	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Purpose / Nature of Business: _____

Date: _____ E-Mail of Primary Contact: _____

State of Illinois)
County of McHenry) SS

Personally appeared before me

Signature of Owner #1	Printed Name of Owner #1
Signature of Owner #2	Printed Name of Owner #2
Signature of Owner #3	Printed Name of Owner #3
Signature of Owner #4	Printed Name of Owner #4
Signature of Owner #5	Printed Name of Owner #5

Who duly acknowledged that they executed the above certificate:

Dated: _____
(mm/dd/yyyy) County Clerk or Notary Public Signature