

# CANCELLATION OF ASSUMED NAME BUSINESS

(CLOSE BUSINESS- \$5.00)

File No. \_\_\_\_\_

STATE OF ILLINOIS,           )  
  ) SS.  
COUNTY OF McHENRY       )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the ORIGINAL CERTIFICATE of ownership was filed in the office of the County Clerk for

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, this is to certify the person or persons listed below has/have ceased doing business under the assumed name business:

## \* ALL OWNERS MUST SIGN

NAME OF PERSONS (Print)	STREET ADDRESS (Print)
NAME:	STREET:
PHONE:	CITY/STATE/ ZIP:
NAME:	STREET
PHONE:	CITY/STATE/ ZIP:
NAME:	STREET:
PHONE:	CITY/STATE/ ZIP:

**Publication is again required for the above changes with the exception of a withdrawal of name. Publication is required only if the withdrawal of name involves 25% or more of the total ownership.**

STATE OF ILLINOIS,           )  
  ) SS.  
COUNTY OF McHENRY       )

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
PRINT NAMES

being duly sworn, upon oath deposes and says that the foregoing is a true and correct supplementary report of the person or persons who have cancelled the assumed name business together with their address(es).

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
SIGNATURES

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

\*Strike the one that does not apply.