

**ADAMS COUNTY ASSUMED NAME
CHANGE OF OWNER(S) LEGAL NAME OR ADDRESS**

Name of Business: _____

Original Filing Date: _____ Filing Number: _____

Owner's Legal Name or Address Change

FROM (old):

TO (new):

(Name)

(Name)

(Street)

(Street)

(City, State, Zip)

(City, State, Zip)

STATE OF ILLINOIS)
COUNTY OF ADAMS)

This is to certify the above change(s) to the named business have been made effective on this
_____ day of _____, _____.

(Signature)

Signed and sworn to (or affirmed) by _____ before me on this _____ day of
_____, _____.

(SEAL)

Signature of Notary Public