NOTIFICATION OF NAME CHANGE

***In addition to filing this form, the business must also meet guidelines for publishing a legal notice.**

STATE OF ILLINOIS)
COUNTY OF COOK)

For office use only
Certificate # _____

Submit completed form and a check for $1.50 payable to:
Cook County Clerk David Orr
Bureau of Vital Statistics
Attn: Assumed Name Registration Unit
P.O. Box 642570
Chicago, IL 60602-2570

Let it be known that the Business _____
_____ (full name of business)
has had a partner(s) change his/her/their name as of _____
(enter date of name change)

***Change of business name requires new filing of Assumed Name Certificate.**

Location of Business:
_____
(street address, city, zip)

The full name of the person(s) meeting legal requirements for a name change,

PRINT NEW NAME	**FORMERLY DOING BUSINESS AS** (Former name appearing on registration)
_____	_____
_____	_____

who is/are the proprietor(s) of the business referenced above.

Dated this _____ day of _____

Signature _____
Signature _____

I, _____,
a Notary Public in Cook County, IL, do hereby certify that [record owner(s) name(s) below]
_____
_____
_____
is/are personally known to me to be the same person(s) whose name(s) subscribed to the foregoing instrument appeared before me this day in person and acknowledged that he/she read and signed the instrument and that the statements therein contained, and each thereof, are true.

Notary Public _____
(signature)

My commission expires on the _____ day of _____