



Robin M. O'Connor
Lake County Clerk
 18 N. County Street, Rm. 101
 Waukegan, IL 60085
 (847) 377-2400

ASSUMED BUSINESS NAME
Withdrawal of Owner(s) or Cancellation
\$1.50 Filing Fee

Name of Business: _____

Original Date Filed: _____

STATE OF ILLINOIS)
 COUNTY OF LAKE)

This is to certify the person(s) listed below has/have ceased doing business under the assumed name or has/have no further connection or financial interest in said business.

Withdrawal shall be effective on _____, 20_____.

Name

Street

City, State, Zip *Phone*

Signature

Name

Street

City, State, Zip *Phone*

Signature

Name

Street

City, State, Zip *Phone*

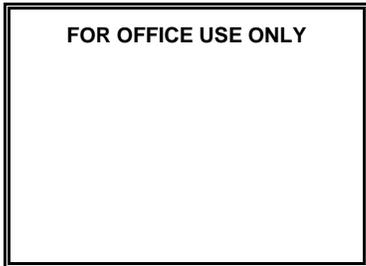
Signature

Name

Street

City, State, Zip *Phone*

Signature



The foregoing instrument was acknowledged before me by

Printed name(s) of person(s) who appeared and signed before Notary Public

Printed name(s) of person(s) who appeared and signed before Notary Public

on this _____ day of _____, 20_____.

Signature of Notary Public **Place notary seal below**