



## Supplementary Registration – Assumed Name Addition / Withdrawal of Owner, Dissolution of Registration

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

Address of Business: \_\_\_\_\_  
(Business Street Address – City, State, Zip)

### Addition of owner to assumed business name

The following individual is to be added to the list of owners for the business referenced above, effective the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
New Owner's Name – Printed                      Date                      New Owner's Signature

\_\_\_\_\_  
New Owner's Home Street Address – City, State, Zip

\_\_\_\_\_  
Previously Registered Owner's Name – Printed                      Date                      Previously Registered Owner's Signature

### \*Withdrawal of owner to assumed business name *If dissolution of business / registration, check here:*

The following individual is to be withdrawn from the list of owners for the business referenced above / the registration for the business referenced above is cancelled (if box checked above), effective the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

I, \_\_\_\_\_ \* (print name), have ceased doing business under the assumed name stated above ("Name of Business") or have no further connection with or financial interest in the business carried on under such assumed name. *\*If dissolution of entire business / registration, check box (above) and sign below.*

\_\_\_\_\_  
Name – Printed                      Date                      Signature

**\*NOTE:** When withdrawal effectuates change or transfer of 25% or more of total ownership, notice of filing must be published, as outlined in 805 ILCS 405/Assumed Business Name Act.

State of Illinois} ss  
County of DeKalb

I, \_\_\_\_\_, a Notary Public in and for the State of Illinois, County of DeKalb, do hereby certify that the person(s) whose names are subscribed to the foregoing instrument, appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, and that said person(s) acknowledged that they have read and signed said instrument, and that each of the statements contained herein are true.

(Notary Seal)

\_\_\_\_\_  
Notary Public Signature

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FILE NUMBER: \_\_\_\_\_ FILING FEE \$1.50 Received by: \_\_\_\_\_ PUBLICATION COMPLETED: Yes \_\_\_ N/A \_\_\_  
(For office use only) (For office use only) (For office use only)