

Karen Kinney
Rock Island County Clerk
Co. Office Bldg., 1504-3 Ave.
Rock Island IL 61201 (309) 558-3569
www.rockislandcounty.org

ASSUMED BUSINESS NAME - SUPPLEMENTAL

Change of Owner's Name or Address or Business Address or Addition

Name of Business: _____

Certificate No.: _____

Original Date Filed: _____

Owner's legal name or address changed from:

to:

(Name)

(Name)

(Street Address)

(Street Address)

(City, State, Zip)

(Phone)

(City, State, Zip)

(Phone)

Business address changed from:

to:

(Street Address)

(Street Address)

(City, State, Zip)

(Phone)

(City, State, Zip)

(Phone)

Add the following business address:

(Street Address)

(City, State, Zip)

STATE OF ILLINOIS }
COUNTY OF ROCK ISLAND }

This is to certify the above change(s) to the named business have been made effective _____, 20_____.

(Owner's Signature)

(Owner's Signature)

(Street Address)

(Street Address)

(City, State, Zip)

(Phone)

(City, State, Zip)

(Phone)

The foregoing instrument was acknowledged before me by the person(s) intending to conduct the business this day _____ day of _____, 20_____.

(SEAL)

(Signature of Notary Public)