

KRISTY A. MASCHING
Livingston County Clerk & Recorder
112 W. MADISON ST., PO BOX 618
PONTIAC, IL 61764-1871

**ASSUMED BUSINESS NAME
WITHDRAWAL OF OWNER(S) OR CANCELLATION**

Name of Business: _____

Original Date Filed _____

(STATE OF ILLINOIS
COUNTY OF LIVINGSTON)

This is to certify that the person(s) listed below has/have ceased doing business under the assumed name of has/have no further connection or financial interest in said business. Withdrawal shall be effective _____, 20 _____.

(name)

(name)

(street)

(street)

(city, state, zip)

(phone)

(city, state, zip)

(phone)

(signature)

(signature)

(name)

(name)

(street)

(street)

(city, state, zip)

(phone)

(city, state, zip)

(phone)

(signature)

(signature)

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

NOTARY PUBLIC

(signature)