



County of Union, Illinois
Office of the Chief Information Officer
309 W. Market—Room 115
Jonesboro, IL 62952

Rollie Hawk, CIO
(618) 925-2470
cio@unioncountyl.gov
@unioncountycio

November 12, 2014

[Sent via email]

Mr. Thomas Simmons
PO Box 6615
Englewood, CO 80155

tsimmons@accutrend.com

Mr. Simmons:

Please consider this our response to your November 4, 2014 Freedom of Information Act request:

I would please like to request a listing of new businesses that have filed for a Business License in your county in the months of August through October 2014.

Attached is a copy of all records responsive to your request.

We feel this completes your request. If we may be of further assistance, please let me know.

Sincerely,

Rollie Hawk, Chief Information Office

Enclosure

Cc: Tyler Edmonds, State's Attorney
Terry Bartruff, County Clerk

**COUNTY OF UNION, ILLINOIS
FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR PUBLIC RECORDS**

SEND TO: *(insert the appropriate Department to whom this request is directed to from the County's website at www.unioncountyil.gov or by calling the State's Attorney's Office at 618-833-7216 or the County Clerk's Office at 618-833-5711 * Please note, this form should be submitted to the Union County State's Attorney, Tyler R. Edmonds or to the Union County Clerk, Bobby Toler, Jr.*

County Clerk's Office
Department

FROM:

Thomas Simmons
Your name

303-488-0011 ext 1019 / tsimmons@accutrend.com
Telephone number/e-mail address (optional)

PO Box 6615
Address

Englewood CO 80155
City/State/Zip

Description of Requested Record(s):

I would please like to request a listing of new businesses that have filed for a Business License in your county in the months of August through October 2014.

Please indicate if you wish to inspect the above captioned records or wish a copy of them:

Inspection

Copy

Both

Thomas Simmons
Requestor's signature

11/04/2014
Date

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

This is to certify that the undersigned intend _____ to conduct and transact a Bakery
Partnership

business in said County and State under the name of Anna Baking Company
at the following post office addresses:
1155 East Vienna Street Suite D
Anna IL 62906

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Kimberly R. Emery</u>	<u>925 New Saratoga Rd Anna, IL 62906</u>
<u>Tammy H. Wheaton</u>	<u>1610 Old Highway 51 North Anna, IL 62906</u>

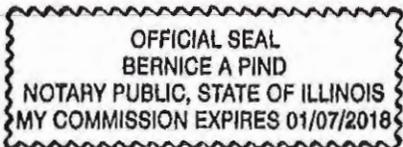
Dated this 19th day of August 2014.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, BERNICE A PIND, a Notary Public

in and for said County and State, do hereby certify that _____

Tammy H. Wheaton Kimberly R. Emery,
personally known to me to be the same person 5 whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they read and signed said instrument and that the statements therein contained, and each thereof, are true.



Bernice A Pind
Notary Public.

My commission expires on the 7 day
of JAN. 2018.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

This is to certify that the undersigned intend _____ to conduct and transact a Organization

business in said County and State under the name of Shawnee Sentinels
at the following post office addresses:

P.O. Box 199, Anna IL 62906

1730 McCloud Loop, Anna IL 62906

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Tabitha Tripp</u>	<u>P.O. Box 199, Anna IL 62906</u> <u>1730 McCloud Loop, Anna IL 62906</u>
_____	_____
_____	_____

Dated this September day of 2 2014

Terry Bartruff

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Tabitha Tripp

personally known to me to be the same person _____ whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that She has read and signed said instrument and that the statements therein contained, and each thereof, are true.

Terry Bartruff Notary Public.



My commission expires on the 5 day
of June 2017.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

This is to certify that the undersigned intend to conduct and transact a Investment Club

business in said County and State under the name of MAIN STREET Investors
at the following post office addresses:

455 Dog Walk Rd.
Anna, IL 62906

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
Susan A. Whitemountain	455 Dog Walk Rd Anna, IL 62906

Dated this 18th day of September 2014.

[Signature]

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Susan Whitemountain

personally known to me to be the same person whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that s he ha s read and signed said instrument and that the statements therein contained, and each thereof, are true.

Terry Bartruff
Notary Public.



My commission expires on the 5 day
of June 2017.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

This is to certify that the undersigned intend _____ to conduct and transact a farm

business in said County and State under the name of Arrowhead Haven
at the following post office addresses:

110 S. Arrowhead Estates
Dongola, IL 62926

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Jacquelyn Barnes</u>	<u>110 S. Arrowhead Estates</u> <u>Dongola, IL 62926</u>

Dated this 21 day of Aug 2014.

[Handwritten Signature]

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Jacquelyn Barnes

personally known to me to be the same person _____ whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that 5 he 5 ha 5 read and signed said instrument and that the statements therein contained, and each thereof, are true.

Terry Bartruff
Notary Public.



My commission expires on the 5 day
of June 14.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

This is to certify that the undersigned intend _____ to conduct and transact a Carpentry / tradesman

business in said County and State under the name of Wright & Son Finish Carpentry
at the following post office addresses:

104 Cherry Street
Anna, IL 62906

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Claude A. Wright</u>	<u>104 Cherry St</u> <u>Anna, IL 62906</u>

Dated this 12th day of August 2014
Claude A. Wright

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Claude A. Wright

personally known to me to be the same person _____ whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that _____ he _____ ha 5 read and signed said instrument and that the statements therein contained, and each thereof, are true.

Terry Bartruff
Notary Public.



My commission expires on the 05 day
of June 2017.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

This is to certify that the undersigned intend _____ to conduct and transact a Restaurant and Bar

business in said County and State under the name of Blue Fish Lagoon
at the following post office addresses:

102 Garden St.
Dongola, IL 62920

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Tiffany A. Short</u>	<u>95 Country Club Ln.</u> <u>Anna, IL 62906</u>

Dated this 25th day of September 2014.

Tiffany A. Short

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Kelley Thorpe, a Notary Public

in and for said County and State, do hereby certify that Tiffany A. Short

personally known to me to be the same person _____ whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that _____ he _____ ha _____ read and signed said instrument and that the statements therein contained, and each thereof, are true.

Kelley Thorpe
Notary Public.



My commission expires on the 15th day
of November 2017.