



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@unioncountyil.gov
@unioncountycio

April 6, 2015

[Sent via email]

Mr. Thomas Simmons
PO Box 6615
Englewood, CO 80155

tsimmons@accutrend.com

Mr. Simmons:

Please consider this our response to your attached April 2, 2015 Freedom of Information Act request, summarized below:

I would please like to request a listing of new businesses that have filed for a Business License in your county in the months January through March 2015.

Please find attached 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 January through March 2015.

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

04/02/2015
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 _____

business in said County and State under the name of Luck of The Irish Pageant
at the following post office addresses:

440 Casey Ln.

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

Abigail Miller

440 Casey Ln. Anna, IL. 62906

Dated this 26th day of January 2015
Abigail Miller

STATE OF ILLINOIS, }
COUNTY OF UNION } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Abigail Miller

personally known to me to be the same person whose name IS 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 logging business

business in said County and State under the name of Kenneth R. Newman Dba Newman
at the following post office addresses:

Logging 1325 Prater Lane 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>Kenneth R. Newman</u> | <u>1325 Prater Lane Dongola IL 62926</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated this 1-29 day of January 2015.

Kenneth R. Newman

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Kenneth R. Newman

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 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 _____ } ss.

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

business in said County and State under the name of Z D Lefevre Transport
at the following post office addresses:

4470 Wing Hill Rd
Cobden 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>Zachary Douglas Lefevre</u> | <u>4470 Wing Hill Rd</u> <u>Cobden, IL 62920</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated this 19 day of February 15.

[Signature]

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Zachary Douglas Lefevre

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.

[Signature: Terry Bartruff]
Notary Public.



My commission expires on the 5th 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 clothing and accessory

business in said County and State under the name of Mattie Mae's Laundry
at the following post office addresses:

99 Nile St.
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>Rebecca Hileman</u> | <u>99 Nile St. Anna IL 62906</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated this 24th day of February 2015.

Rebecca Hileman

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Rebecca Hileman

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 s 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 17.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF UNION } ss.

This is to certify that the undersigned intend to conduct and transact an AGRICULTURAL PRODUCTS AND SERVICES

business in said County and State under the name of MC AB PRODUCTS AND SERVICES at the following post office addresses:

3010 STATE ROUTE 140 EAST, 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>MASTERS CHOICE PROCESSING AND PRODUCTION COMPANY, INC.</u> | <u>3010 STATE RT 140 EAST, ANNA, IL 62906</u> |
| | |
| | |
| | |

Dated this 2nd day of March 2015.
Donald Lyn Crabtree

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Megan E. McClellan, a Notary Public

in and for said County and State, do hereby certify that Donald Lyn Crabtree

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

Megan E. McClellan
Notary Public.



My commission expires on the 16 day of May 2018.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

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

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

169 East Vienna 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>Donna Sadler</u> | <u>mail</u> <u>P.O. Box 4641</u> <u>Jonesboro Il. 62952</u> |
| | <u>555 Jintown Loop</u> <u>Anna Il. 62906</u> |

Dated this 3 day of March 2015.
Donna Sadler

STATE OF ILLINOIS, }
COUNTY OF UNION } ss.

I, TERRY BARTRUFF, a Notary Public

in and for said County and State, do hereby certify that DONNA SADLER

personally known to me to be the same person _____ whose name IS subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that S he S 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 2015.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

This is to certify that the undersigned intend to conduct and transact a dog kennel and duck / waterfowl hunts.

business in said County and State under the name of Skyview British Labs & Waterfowl at the following post office addresses:

P.O. Box 205 Cobden, 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>Tim Ellis</u> | <u>P.O. Box 205 Cobden, IL. 62920</u> |
| <u>Deanne Ellis</u> | <u>P.O. Box 205 Cobden, IL. 62920</u> |
| | |
| | |

Dated this 16th day of March 2015

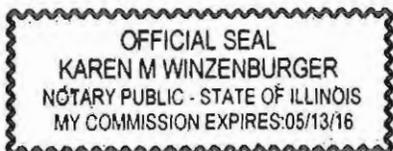
Tim Ellis
Deanne Ellis

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Karen M Winzenburger, a Notary Public

in and for said County and State, do hereby certify that Tim Ellis and Deanne Ellis

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



Karen M Winzenburger
Notary Public.

My commission expires on the 13th day of May 2016