



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

July 9, 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 July 1, 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 April through June 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 Form

Date Requested: 07/01/2015

Request Submitted By: Thomas Simmons

Street Address: PO Box 6615

City/State/ZIP: Englewood, CO, 80155

Telephone (optional): 303-488-0011 ext 1019 E-mail (optional): tsimmons@accutrend.com

Fax (optional): \_\_\_\_\_

Records Requested (please be as specific as possible; attach additional pages if needed):

I would please like to request the listing of new businesses that have filed for a Business License in your county in the months of April through June 2015. Thank you for your help.

Is this request for a Commercial Purpose? YES  NO

*(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body under 5 ILCS 140.3.1(c))*

Are you requesting a fee waiver? YES  NO

*(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public under 5 ILCS 140/6(c)).*

Please retain a copy of this form for your records.

Submit the original to one of our FOIA officers:

Rollie Hawk Union County Chief Information Officer 309 West Market Room 115 Jonesboro, IL 62952  cio@unioncountyil.gov  (618) 833-8248	Tyler Edmonds Union County State's Attorney 309 West Market Room 239 Jonesboro, IL 62952  ucsainfo@unioncountyil.gov  (618) 833-7216
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ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a construction, tree removal and salvage metal business in said County and State under the name of Bradley Constoction at the following post office addresses:

1205 Springville Hill Rd.  
Jboro, IL 62452

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>Christopher N Bradley</u>	<u>1205 Springville hill Rd</u> <u>Jonesboro, IL</u>
_____	_____
_____	_____
_____	_____

Dated this 4 day of 4/10/14

Chris Bradley  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public in and for said County and State, do hereby certify that Christopher Bradley

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 5 day of June 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_ Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

This is to certify that the undersigned intend to conduct and transact a Mobile Power Wash Service

business in said County and State under the name of BAkers Mobile Power Wash Service at the following post office addresses:

420 Williamsst

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>William Cody Campbell</u>	<del>420 Williams St</del>
<u>Brandon Scott Howell</u>	<u>420 Williams St.</u>
	<u>420 Williams St.</u>

Dated this Ninth day of April 2014.

x Wm. Campbell  
x Brandon Howell

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that William Cody Campbell AND Brandon Scott Howell

personally known to me to be the same person 5 whose name 5 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.

Terry Bartruff

Notary Public.



My commission expires on the 5 day of June 2017.

STATE OF ILLINOIS,

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_ Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a \_\_\_\_\_ Corporation

business in said County and State under the name of Short Group, LLC  
at the following post office addresses:

147 E. Vienna 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>Zach Short</u>	<u>95 Country Club Ln.</u>
	<u>Anna, IL 62906</u>

Dated this 15th day of April 2014  
Zach 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 Zach Short

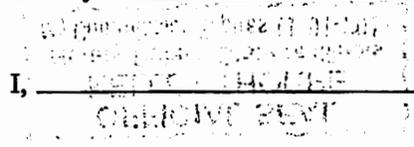
personally known to me to be the same person \_\_\_\_\_ whose name \_\_\_\_\_ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that \_\_\_\_\_ he \_\_\_\_\_ ha \_\_\_\_\_ read and signed said instrument and that the statements therein contained, and each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



Kelley Thorpe  
Notary Public.

My commission expires on the 1st day  
of November 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.



I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_ Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

This is to certify that the undersigned intend S to conduct and transact a \_\_\_\_\_

business in said County and State under the name of ~~BBB~~ Berry Good Bakery  
at the following post office addresses:

220 c S. Front St., 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>Shelley Camden</u>	<u>9606 Highway 149, Murphy, IL 62966</u>
_____	_____
_____	_____
_____	_____

Dated this 21st day of April 2014.  
Shelley L. Camden

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Shelley L. Camden

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 2014.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend S to conduct and transact a business to cut out existing bath tubs to become handicap accessible business in said County and State under the name of Heartland Tubcut at the following post office addresses:

614 E. Davie 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>James M. Keller</u>	<u>111 Grand Ave Anna, IL</u>
<u>Adam L. Shasteen</u>	<u>120 Carolyn Drive Apt. 0 Carbondale, IL 62902</u>
<u>Natalie Shasteen</u>	<u>121 Carolyn Drive Apt. 0 Carbondale, IL 62902</u>

Dated this 28 day of April 2014.

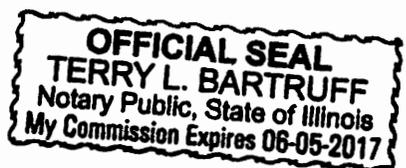
[Signature]  
Adam L. Shasteen  
Natalie Shasteen

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that JAMES M Keller, Adam L Shasteen, + NATALIE Shasteen

personally known to me to be the same person S whose name 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.



[Signature]  
Notary Public.

My commission expires on the 5 day of June 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact an event planning

business in said County and State under the name of Carolyn Cross / Event Decor by TICi  
at the following post office addresses:

840 State Rt. 127 South, Box 29  
Jonesboro, IL 62952

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>Cardyn Cross</u>	<u>840 State Rt. 127 South</u>
	<u>P.O. Box 29</u>
	<u>Jonesboro, IL 62952</u>

Dated this June 2<sup>nd</sup> day of June 2014.  
Carolyn Cross

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public  
in and for said County and State, do hereby certify that Carolyn Cross

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.

STATE OF ILLINOIS,

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_ Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a \_\_\_\_\_  
Arcade

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

4575 E. Vienna St Anna Il

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>Paula Welter</u>	<u>1161 Peachtree Lane</u> <u>Carbondale, IL 62902</u>
_____	_____
_____	_____
_____	_____

Dated this 24 day of June 2014.

Paula Welter  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Paula Welter

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 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 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

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

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

195 Fair City Rd  
Jonesboro, IL 62952

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

Wendy Charles

195 Fair City Rd Jonesboro, IL  
62952

Dated this 24 day of July

2014  
Wendy Charles

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Wendy Charles

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.

COUNTY CLERK & RECORDER  
Terry Bartruff  
309 W. Market, Room 116  
Jonesboro, Illinois 62952

Terry Bartruff  
Notary Public.

My commission expires on the \_\_\_\_\_ day  
of \_\_\_\_\_.





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 12<sup>th</sup> 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 \_\_\_\_\_ 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 05 day  
of June 2017.

STATE OF ILLINOIS,  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

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

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 19<sup>th</sup> 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 ~~he~~ ~~she~~ 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.

STATE OF ILLINOIS,

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_

County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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

Tabitha Tripp

P.O. Box 199, Anna IL 62906

1730 McCloud Loop, Anna IL 62906

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.

STATE OF ILLINOIS,

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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 18<sup>th</sup> 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 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.

STATE OF ILLINOIS,  
County of \_\_\_\_\_ } ss.  
OFFICIAL SEAL

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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 25<sup>th</sup> 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 15<sup>th</sup> day  
of November 2017.

STATE OF ILLINOIS,

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

This is to certify that the undersigned intend S to conduct and transact a business

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

1000 Leigh<sup>th</sup> suite A2  
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>Bich-Thuy Thi NGO</u>	<u>6200 Bayer circle Apt #121</u> <u>Carderville, IL 62918</u>

Dated this Dec - 2~~1~~ day of 02 14  
Shuyago

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Rachel L. Gurley, a Notary Public

in and for said County and State, do hereby certify that Bich-Thuy Thi NGO

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 read and signed said instrument and that the statements therein contained, and each thereof, are true



Rachel L. Gurley  
Notary Public.

My commission expires on the 20th day  
of December 2015.

STATE OF ILLINOIS,  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a Real Estate Business

business in said County and State under the name of RE/MAX Trendsetters  
at the following post office addresses:

156 E. Vienna 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>Linda Lence</u>	<u>156 E. Vienna St. Anna IL 62906</u>
_____	_____
_____	_____
_____	_____

Dated this 5 day of Dec. 2014.  
Linda Lence

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Linda Lence

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 14.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a solar  
installation and retail solar sales  
business in said County and State under the name of Solar Designer  
at the following post office addresses:  
1145 Baker Hill Road  
Cobden Illinois 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>Dennis R. Connolly</u>	<u>1145 Baker Hill Road</u> <u>Cobden, Illinois 62920</u>

Dated this 12th day of December 14.  
X Dennis R. Connolly

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Jerry Bartruff, a Notary Public  
in and for said County and State, do hereby certify that Dennis R. Connolly

personally known to me to be the same person \_\_\_\_\_ whose name Dennis R. Connolly 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.



Jerry Bartruff Notary Public.

My commission expires on the 5 day  
of June 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_ Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a CONSULTING BUSINESS

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

265 MOSS LANE, 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>Rod D. McClanahan</u>	<u>265 MOSS LANE, ANNA, IL 62906</u>
_____	_____
_____	_____
_____	_____

Dated this Dec. 22 day of 2014

Rod D. McClanahan  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Rod D. McClanahan

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 5th day  
of June 2014.

STATE OF ILLINOIS,  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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 26<sup>th</sup> 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 S he S 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.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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.

STATE OF ILLINOIS,

County of \_\_\_\_\_

} ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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]*

Notary Public.



My commission expires on the 5<sup>th</sup> day  
of June 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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 24<sup>th</sup> 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.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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 AG 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</u> <u>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.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a

true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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 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 2015.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

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 16<sup>th</sup> day of March 2015.

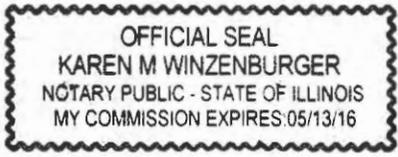
Tim Ellis  
Deanne Ellis

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

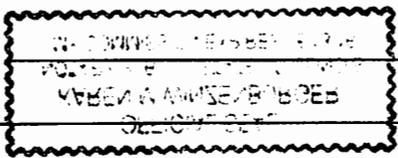
personally known to me to be the same person S whose name S are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they have read and signed said instrument and that the statements therein contained, and each thereof, are true.



Karen M Winzenburger  
Notary Public.

My commission expires on the 13<sup>th</sup> day of May 2016.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I,  \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a \_\_\_\_\_

PIZZA PLACE.

business in said County and State under the name of MAC'S PIZZA  
at the following post office addresses:

200 S MAIN 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>WALTER MCINTYRE</u>	<u>200 S MAIN ST</u> <u>ANNA IL 62906</u>
_____	_____
_____	_____
_____	_____

Dated this April day of 6TH 15.

Walter McIntyre  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Walter McIntyre

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.

Terry Bartruff  
\_\_\_\_\_  
Notary Public.



My commission expires on the 5th day  
of June 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a E liquid juice  
for vaporizers

business in said County and State under the name of Apocalypse Vapors  
at the following post office addresses:  
106 Olive St Anna IL

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>Remington Hindman</u>	<u>106 Olive St Anna IL</u>
_____	_____
_____	_____
_____	_____

Dated this 21st day of April 2015.

Remington Hindman  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Remington Hindman

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.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a Concession

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

501 E. Market St Jonesboro IL 62952

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>Clyde "Dwane" Sims Jr.</u>	<u>501 E. Market St Jonesboro IL 62952</u>
_____	_____
_____	_____
_____	_____

Dated this 28 day of April 2015  
X Clyde P. Sims Jr.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry, a Notary Public

in and for said County and State, do hereby certify that Clyde "Dwane" Sims Jr.

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.

Terry Bartruff  
Notary Public.



My commission expires on the 5 day  
of June 2017.

STATE OF ILLINOIS,

County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a

true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

*[Faint handwritten notes and signatures are visible in the lower half of the page, including a signature that appears to read "John J. ..."]*

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a SERVICE/Retail

business in said County and State under the name of Sudzzy BATH & Biscuits  
at the following post office addresses:

P.O. Box 112  
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

Kimberly Dawn Adams

208 Sanborn Dr. Anna, IL

Dated this 30<sup>th</sup> day of April 2015.

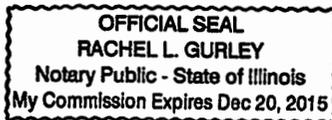
x Kimberly D. Adams  
x \_\_\_\_\_

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Rachel L. Gurley, a Notary Public

in and for said County and State, do hereby certify that Kimberly D. Adams

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.



Rachel L. Gurley  
Notary Public.

My commission expires on the 30<sup>th</sup> day  
of April 2015.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a remodeling

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

104 Grove 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

Michaela Sizemore  
~~Robert Sizemore III~~

104 Grove St Anna, IL. 62906

Dated this 18 day of May 2015.

Michaela Sizemore

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

I, Terry BARTRUFF, a Notary Public

in and for said County and State, do hereby certify that Michaela Sizemore

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 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.

STATE OF ILLINOIS,

County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of

\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a

true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a lawncare

business in said County and State under the name of Sharp Lawncare

at the following post office addresses:

2775 Berryville Rd  
Jonesboro IL 62952

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>Dylan Sharp</u>	<u>2775 Berryville Rd.</u>
<u>Dylan Sharp</u>	<u>Jonesboro IL 62952</u>
_____	_____
_____	_____
_____	_____

Dated this 18 day of May 2015.

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.

I, Paula Keller, a Notary Public

in and for said County and State, do hereby certify that Dylan Sharp

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.



My commission expires on the 15<sup>th</sup> day of October 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a Retail

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

Form 801

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a \_\_\_\_\_

Bed and Breakfast

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

440 Mount Pleasant Rd

Buncombe IL 62912

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>Jamie Starratt</u>	<u>440 Mount Pleasant Rd</u>
_____	_____
_____	_____
_____	_____

Dated this 22<sup>nd</sup> day of May 2015.

[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 Jamie Starratt

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.



[Signature]

Notary Public.

My commission expires on the 5 day of June 2017.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

STATE OF ILLINOIS, }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a \_\_\_\_\_

Bed and Breakfast

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

440 Mount Pleasant Rd

Buncombe IL 62912

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

Jamie Starratt

440 Mount Pleasant Rd

Dated this 22<sup>nd</sup> day of May 2015.

[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 Jamie Starratt

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.



[Signature]

Notary Public.

My commission expires on the 5 day  
of June 2017.

STATE OF ILLINOIS,  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a Retail

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

200s Main  
Anna FL 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>Ross Dillard</u>	<u>12003 Foxcroft Dr</u> <u>West Park Forest 62896</u>
_____	_____
_____	_____
_____	_____

Dated this 22 day of May 2015

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Ross Dillard

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 \_\_\_\_\_ 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 2015.

STATE OF ILLINOIS,  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a Cafe el B+B

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

260 MAIN  
ALTO PASS IL 62905

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>Michael HEREMIAH</u>	<u>260 MAIN ALTO PASS IL</u>
<u>Dorothea HEREMIAH</u>	<u>260 MAIN " " "</u>

Dated this 5-26 day of 26<sup>th</sup> 15.

Michael Jeremiah  
Dorothea Jeremiah

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Michael Jeremiah  
Dorothea Jeremiah

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

STATE OF ILLINOIS,  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ County Clerk of  
\_\_\_\_\_ County, in the State aforesaid, do hereby certify that the within is a  
true and correct copy of an Assumed Name Certificate (Intention) on file in my office.

In Witness Whereof, I have hereunto set my hand and the seal of the  
said County.

This \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a \_\_\_\_\_

Retail Self Serve Frozen Yogurt Shop

business in said County and State under the name of Just 10's Frozen Yogurt  
at the following post office addresses:

334 S. Main 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

Bryan Miller

114 Kohler Ave Anna

Mary K Harris

133 Turner Ave Anna

Dated this 17 day of June 2015.

Bryan Miller  
Mary K Harris

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Bryan Miller + Mary Harris

personally known to me to be the same person S whose name S 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.

Terry Bartruff

Notary Public.



My commission expires on the 5 day  
of June 2017.

