



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

October 12, 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 October 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 July through September 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: 10/02/2015

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 July through September 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<br>Union County Chief Information Officer<br>309 West Market Room 115<br>Jonesboro, IL 62952<br><br>cio@unioncountylil.gov<br><br>(618) 833-8248 | Tyler Edmonds<br>Union County State's Attorney<br>309 West Market Room 239<br>Jonesboro, IL 62952<br><br>ucsainfo@unioncountylil.gov<br><br>(618) 833-7216 |
|--|--|

ASSUMED-NAME CERTIFICATE — Intention.

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

This is to certify that the undersigned intend \_\_\_\_\_ to conduct and transact a Septic & Sewerage Services

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

2165 Boyd 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               |
|-----------------------|-----------------------------------|
| <u>Kristen Stegle</u> | <u>2165 Boyd Rd Anna IL 62906</u> |
| <u>Jeremy Stegle</u>  | <u>2165 Boyd Rd Anna IL 62906</u> |
| _____                 | _____                             |
| _____                 | _____                             |

Dated this 15<sup>th</sup> day of July 2015.

Kristen Stegle  
Jeremy Stegle

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Kristen Stegle & Jeremy Stegle

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 the y ha ve 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 a Auto Sales + repair

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

P.O. Box 433  
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>Steve W. Captain II</u> | <u>P.O. Box 433 Jonesboro, IL 62952</u> |
| <u>Jennifer Ballinger</u>  | <u>P.O. Box 433 Jonesboro, IL 62952</u> |
|                            |   |
|                            |   |

Dated this 15<sup>th</sup> day of July 2015.

Jennifer Ballinger  
Steve W. Captain II

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Jennifer A. Lyerla, a Notary Public

in and for said County and State, do hereby certify that Steve W. Captain II  
and Jennifer Ballinger

personally known to me to be the same persons whose names 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.



Jennifer A. Lyerla  
Notary Public.

My commission expires on the 21<sup>st</sup> day  
of November 2017.

ASSUMED-NAME CERTIFICATE — Intention.

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

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

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

701 McKinley 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>Michael Hardin</u> | <u>701 McKinley St. Anna, IL 62906</u> |
| _____                 | _____                                  |
| _____                 | _____                                  |
| _____                 | _____                                  |

Dated this 7-28-2015 day of \_\_\_\_\_

Michael Hardin

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 Hardin

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.

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

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 Bakery

business in said County and State under the name of "a piece of cake"  
at the following post office addresses:

346 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>Geraldine T. Gibson</u> | <u>P.O. Box 471, Mound IL 62964</u> |
| <u>Rochelle A. Edwards</u> | <u>303 Sycamore, Anna, IL 62906</u> |

Dated this 27<sup>th</sup> day of August 2015.

X [Signature]  
X Rochelle A. Edwards

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Geraldine Gibson & Rochelle Edwards

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 ha ve 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.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

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

Julie M. Walker

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

1860 Shiloh Road  
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>Julie M. Walker</u> | <u>1860 Shiloh Rd</u><br><u>Cobden IL 62920</u> |
|                        |   |
|                        |   |
|                        |   |

Dated this Oct 4 day of 2015

+ Julie M. Walker

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Julie M Walker

personally known to me to be the same person S 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 \_\_\_\_\_ day of \_\_\_\_\_.