



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 11, 2016

[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 Freedom of Information Act request which we received via email on April 4, 2016, summarized below:

*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 January through March 2016*

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

# Records Request

**From:** Thomas Simmons <tsimmons@accutrend.com>  
**To:** cio@unioncountyiil.gov  
**Subject:** Records Request  
**Date:** Monday, April 04, 2016 10:47 AM  
**Size:** 187 KB

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Please see attached Public Records Information form,

Thank you for your help

## Thomas Simmons

**Data Specialist**



Accutrend Data Corporation  
7860 E. Berry Place Suite 200  
Greenwood Village, CO 80111  
303.488.0011 ext 1019

**[WWW.ACCUTREND.COM](http://WWW.ACCUTREND.COM)**

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UnionIL.pdf 102 KB



County of Union, Illinois  
Freedom of Information Act (FOIA) Request Form

Date Requested: 04/01/2016

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 January through March 2016  
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@unioncountyl.gov  (618) 833-8248	Tyler Edmonds Union County State's Attorney 309 West Market Room 239 Jonesboro, IL 62952  ucsainfo@unioncountyl.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 FLYING SERVICE

business in said County and State under the name of AAA FLYING SERVICE  
at the following post office addresses:  
WAYMAN E. CAVANESS 103 BELCHER DR.  
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>WAYMAN E. CAVANESS</u>	<u>103 BELCHER DR.</u>
_____	_____
_____	_____
_____	_____

Dated this JAN. 07 day of 2016

Wayman E. Cavaness

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that WAYMAN E. CAVANESS

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<sup>th</sup> 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 Rental

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

550 Union Springs  
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>Karen Hand</u>	<u>550 Union Springs Cobden IL</u>
<u>Betsy Bishop</u>	<u>62920</u>

Dated this 1/11 day of 2016

[Signature]  
[Signature]

STATE OF ILLINOIS, }  
COUNTY OF Jackson } ss.

[Signature], a Notary Public

in and for said County and State, do hereby certify that KAREN HAND AND  
BETSY BISHOP

personally known to me to be the same person 5 whose name is not 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 11<sup>th</sup> day  
of JANUARY 2016

ASSUMED-NAME CERTIFICATE — Intention.

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

This is to certify that the undersigned intend s to conduct and transact a title insurance  
agency

business in said County and State under the name of Ward Title Insurance  
at the following post office addresses: Agency, L.L.C.

314 Willards Ferry Road  
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>Mark S. Johnson</u>	<u>314 Willards Ferry Road, Jonesboro, IL 62952</u>
<u>John R. Schneider</u>	<u>314 Willards Ferry Road, Jonesboro, IL 62952</u>
<u>Angela K. Davidson</u>	<u>314 Willards Ferry Road, Jonesboro, IL 62952</u>
<u>Matthew B. Ferrell</u>	<u>314 Willards Ferry Road, Jonesboro, IL 62952</u>

Dated this 8 day of January 2011

[Signature], as member  
Angela K. Davidson, as member  
[Signature], as member  
Matthew Ferrell, as member

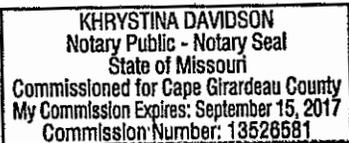
Missouri  
STATE OF ILLINOIS, }  
COUNTY OF Cape Girardeau } ss.

I, Khrystina Davidson, a Notary Public

in and for said County and State, do hereby certify that Mark S. Johnson,  
John R. Schneider, Angela K. Davidson, and  
Matthew B. Ferrell

personally known to me to be the same person s 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.

[Signature]  
Notary Public.



My commission expires on the 15<sup>th</sup> day  
of September 2011

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.

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

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

407 E. Vienna  
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>A. John Bigler</u>	<u>407 E. Vienna</u> <u>Anna, IL</u>

Dated this 13 day of Jan 2016

[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 A. John Bigler

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 \_\_\_\_\_ ha S 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 Resale Business

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

129 W. Davis 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>James Gentry</u>	<u>202 Grand Ave Anna IL</u>
<u>Natasha Gentry</u>	<u>201 W Vienna St Anna IL</u>

Dated this January 21 day of 2016

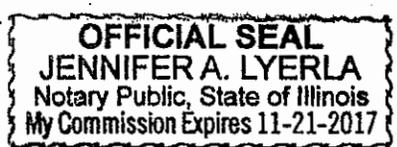
[Signature]  
Natasha L Gentry

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 James W. Gentry & Natasha L. Gentry

personally known to me to be the same persons whose name are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he & she 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 21st day of November 2017.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

This is to certify that the undersigned intend 5 to conduct and transact a woodworking

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

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>NORMAN BAUER</u>	<u>111 WOODLAND TRAIL ANNA 62906</u>

Dated this 26th day of FEBRUARY 2016.  
Norman Bauer

STATE OF ILLINOIS, }  
COUNTY OF Union } ss.  
I, Sara Verble, a Notary Public

in and for said County and State, do hereby certify that Norman Bauer

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.



Sara Verble  
Notary Public.

My commission expires on the 26th day  
of February 2016.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

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

business in said County and State under the name of RB CONSULTING

at the following post office addresses:  
P.O. Box 263, 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>RONALD D. BEANLAND</u>	<u>P.O. Box 263, ANNA, IL</u>
<u>MARILYN D. BEANLAND</u>	<u>P.O. Box 263, ANNA, IL</u>

Dated this 29th day of FEBRUARY 2016

Ron Beanland  
Marilyn D. Beanland

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

I, DONNA K TREECE, a Notary Public

in and for said County and State, do hereby certify that RONALD D BEANLAND AND MARILYN  
D BEANLAND

personally known to me to be the same personS whose nameS 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.

Donna K. Treece  
Notary Public.



My commission expires on the 15th day  
of September, 2017.

STATE OF ILLINOIS }  
COUNTY OF Union }

ASSUMED NAME CERTIFICATE INTENTION

This is to certify that the undersigned intend to conduct and transact \_\_\_\_\_  
Entertainment - Self-Publishing her Book.

business in said County and State under the name of Princess Press

at the following post office addresses:  
1245 Verble Road, Wolf Lake, IL 62998

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:

<u>NAME</u>	<u>POST OFFICE ADDRESS</u>
Cynthia Dawn Taylor	1245 Verble Road, Wolf Lake, IL 62998

Dated this 7 day of JANUARY, A.D. 2016.

Cynthia Dawn Taylor  
Cynthia Dawn Taylor

STATE OF ILLINOIS }  
COUNTY OF Union Alexander

I, Debra L. Seals, a Notary Public

In and for said County and State, do hereby certify that Cynthia Dawn Taylor personally known to me to be the same person whose name Princess Press subscribed to the foregoing instrument, appeared before me this day in person and acknowledged haven read and signed said instrument and that the statements therein contained, and each thereof, are true.



Debra L. Seals

Notary Public 1st

My commission expires on the 10th day of October, A.D. 2019

ASSUMED-NAME CERTIFICATE — Intention.

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

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

business in said County and State under the name of Bobber's Bait Shop  
at the following post office addresses:

1310 Old Hwy 51, 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>Bryan Basker</u>	<u>281 Watertower St. Ullin, IL 62992</u>
<del>Michael Basker</del>	
<del>Michael Basker</del>	

Dated this 28 day of March  
Terry Bartruff  
Notary Public

STATE OF ILLINOIS, }  
COUNTY OF \_\_\_\_\_ } ss.  
I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Bryan Basker

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 UNION } ss.

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

business in said County and State under the name of The Father's Youth Ministry  
at the following post office addresses:

204 W Broad 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>Darryl Lippold</u>	<u>204 W Broad St</u> <u>Jonesboro IL 62952</u>
<u>DAVID Lippold</u>	<u>204 W Broad St</u> <u>JONESBORO IL 62952</u>

Dated this 28 day of March 2016.

Darryl Lippold  
David Lippold

STATE OF ILLINOIS, }  
COUNTY OF UNION } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Darryl Lippold & David Lippold

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.



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 COLLECTABLES

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

475 Morgan hwy Ponteborn 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>Sylvia Sorleau</u>	<u>475 Morgan hwy Ponteborn IL 62952</u>

Dated this 3-25-16 day of \_\_\_\_\_.

STATE OF ILLINOIS,  
COUNTY OF Union } ss.

I, Lois Diane Wright, a Notary Public

in and for said County and State, do hereby certify that Sylvia Sorleau

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

Lois Diane Wright  
Notary Public



My commission expires on the 1 day  
of October 2019.