

CERTIFICATE OF OWNERSHIP OF BUSINESS

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____
Street City State Zip

BUSINESS PHONE: _____

PUBLISH IN:(check one) ____ The Register-Mail or ____ The Zephyr

STATE OF ILLINOIS)
) SS
COUNTY OF KNOX)

The following is a true and full report of the names and addresses of all persons owning, conducting or transacting the business named above:

<i>NAME OF OWNER</i>	<i>STREET ADDRESS</i>	<i>CITY, STATE, ZIP</i>

STATE OF ILLINOIS)
) SS
COUNTY OF KNOX)

being duly sworn, upon oath deposes and says that the foregoing is a true and correct report of the real full name or names of the person or persons owning, conducting or transacting the business named above together with their post office addresses.

Signature of Owner

Subscribed and sworn to before me on _____

Notary Public or County Clerk