

**NOTIFICATION OF CANCELLATION OR DISSOLUTION OF BUSINESS**

STATE OF ILLINOIS )  
COUNTY OF COOK )

For office use only  
**Certificate #** \_\_\_\_\_

Submit completed form and a check for \$1.50 payable to:  
Cook County Clerk David Orr  
Bureau of Vital Statistics  
Attn: Assumed Name Registration Unit  
P.O. Box 642570  
Chicago, IL 60602-2570

Let it be known that the Business \_\_\_\_\_  
\_\_\_\_\_ (full name of business)

has cancelled or dissolved as of \_\_\_\_\_  
\_\_\_\_\_ (enter date of dissolution)

Location of Business: \_\_\_\_\_  
\_\_\_\_\_ (street address, city, zip)

The undersigned (print names of all owners, using reverse for additional names)  
\_\_\_\_\_  
\_\_\_\_\_

was/were the proprietor(s) of the Business.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_  
Signature \_\_\_\_\_  
Signature \_\_\_\_\_  
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I, \_\_\_\_\_,  
a Notary Public in Cook County, IL, do hereby certify that [record owner(s) name(s) below]

\_\_\_\_\_  
is/are 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 he/she read and signed the instrument and that the statements therein contained, and each thereof, are true.

Notary Public \_\_\_\_\_  
(signature)

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