



**Carla N. Wyckoff**  
**Lake County Clerk**  
 18 N. County Street, Rm. 101  
 Waukegan, IL 60085  
 (847) 377-2400

**ASSUMED BUSINESS NAME**  
**Withdrawal of Owner(s) or Cancellation**  
**\$1.50 Filing Fee**

**Name of Business:** \_\_\_\_\_

**Original Date Filed:** \_\_\_\_\_

STATE OF ILLINOIS)  
 COUNTY OF LAKE)

This is to certify the person(s) listed below has/have ceased doing business under the assumed name or has/have no further connection or financial interest in said business.

Withdrawal shall be effective on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip* *Phone*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip* *Phone*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip* *Phone*

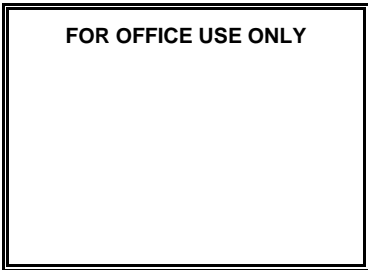
\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip* *Phone*

\_\_\_\_\_  
*Signature*



**The foregoing instrument was acknowledged before me by**

\_\_\_\_\_  
*Printed name(s) of person(s) who appeared and signed before Notary Public*

\_\_\_\_\_  
*Printed name(s) of person(s) who appeared and signed before Notary Public*

**on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
*Signature of Notary Public* **Place notary seal below**