

DON GRAY
SANGAMON COUNTY CLERK



SANGAMON COUNTY COMPLEX
ROOM 101, COUNTY BUILDING
200 SOUTH NINTH STREET
SPRINGFIELD, ILLINOIS 62701
TELEPHONE: 217-753-6700/FACSIMILE: 217-535-3233
www.countyclerk.sangamonil.gov

Fee: \$1.50

ASSUMED BUSINESS NAME CANCELLATION

I, _____, as of the following date do hereby
cancel in its entirety the Assumed Name Certificate for the following business:

I, upon oath and after being duly sworn, depose and say that the following person(s) have
ceased doing business under the assumed name and/or have no further connection with or
financial interest in the business. **(All existing owners must sign the cancellation form)**

Signature of Owner(s)

Signature of Owner(s)

State of _____

County of _____

Subscribed and sworn to before me this _____ day of

_____, _____.

Notary Public