## **CERTIFICATE OF OWNERSHIP OF BUSINESS**

BUSINESS: S	treet	City	State	Z
BUSINESS PHONE:				
PUBLISH IN:(check	one) The	Register-Mail o	r The Zephyr	
STATE OF ILL	INOIS	)		
COUNTY OF K	XNOX	) SS )		
The following is a true conducting or transact			d addresses of all perso	ons owi
ME OF OWNER	STREET	T ADDRESS	CITY, STATE, ZIF	D
STATE OF ILLINOIS	) ) SS			
COUNTY OF KNOX	)			
report of the real full n	ame or names	of the person or	e foregoing is a true and persons owning, condu neir post office addresse	cting o
		Signa	ture of Owner	
Subscribed and sworn	to before me t	his day o	f,	