

FORM **NFP 104.10** (rev. Aug. 2014)  
**APPLICATION FOR RESERVATION OF NAME**  
Under the General Not For Profit Corporation Act

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-9520  
217-782-6961  
www.cyberdriveillinois.com

Payment must be made by check or money  
order payable to Secretary of State.  
(\$25 fee to each name reserved.)

File # \_\_\_\_\_ Approved: \_\_\_\_\_

----- Type or Print clearly in black ink ----- Do not write above this line -----

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1986," the undersigned hereby submits the following Application for Reservation of Name.

1. The following name or names shall be reserved for a period of 90 days each:

\_\_\_\_\_  
(May contain the word "corporation", "incorporated", or "limited", or may contain an abbreviation of one such word)  
\_\_\_\_\_

2. A brief summary of the purpose intended to be conducted by the corporation is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of applicant: \_\_\_\_\_

4. Address of applicant: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
(Month Day) (Year)

\_\_\_\_\_  
Signature of Applicant  
\_\_\_\_\_

NOTE: If the applicant is an individual, it is to be signed by the applicant.

If the applicant is a corporation, it is to be signed by the corporation's president or vice-president and verified by him/her and attested to by the secretary or an assistant secretary.

**NOTICE OF TRANSFER  
OF  
RESERVED NAME**

|                 |
|-----------------|
| Date            |
| Filing Fee \$25 |
| Approved        |

The undersigned \_\_\_\_\_ hereby transfers  
(Name of Original Applicant)  
to \_\_\_\_\_ the right to use the  
name \_\_\_\_\_ for corporate purposes  
in Illinois. This name was reserved on \_\_\_\_\_

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated \_\_\_\_\_ By: \_\_\_\_\_  
(Month Day) (Year) (Signature of Original Applicant)

Attested by: \_\_\_\_\_  
(Type or Print Name)  
If a corporation, by its president or vice president

\* As the original applicant, I declare that this document has been examined by me and is to the best of my knowledge and belief, true, correct and complete.