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.ilsos.gov

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 o	clearly in black ink —	Do not write above this line
		ovisions of "The Gen ng Application for R		Corporation Act of 1986," the undersigned hereby e.
	The following	ng name or names	shall be reserved fo	or a period of 90 days each:
		(May contain the word "con	poration", "incorporated",	or "limited", or may contain an abbreviation of one such word)
2.	A brief sum	mary of the purpose	e intended to be co	enducted by the corporation is:
	Name of ap	oplicant:		
		(Month Day)		
		(Month Day)		
				Signature of Applicant

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If the applicant is a corporation, it is to be signed by the corporation's president or vice-president

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

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
G	(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 penaltic	es 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.