

Form BCA-4.10

(Rev. Jan. 2003)

**Application for
Reservation of Name**

Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-9520
www.cyberdriveillinois.com

This space for use by Secretary of State.

SUBMIT ONE ORIGINAL

This space for use by
Secretary of State.

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

Date:

Filing Fee: \$

Approved:

1. Name(s) to be Reserved (for a period of 90 days each):

Must contain the word "corporation," "company," "incorporated" or "limited," or contain an abbreviation of such words.

2. Proposed Corporate Purpose:

3. Name of Applicant: _____

4. Address of Applicant: _____

5. Dated _____, _____
Month & Day Year

Signature of Applicant

Name (type or print)

NOTE:

- If the applicant is an individual, this application must be signed by the applicant.
- If the applicant is a corporation, this application must be signed by a duly authorized officer of the corporation.
- Upon filing of this document, name(s) will be reserved for a period of 90 days.

**NOTICE OF TRANSFER
OF
RESERVED NAME**

Date:
Filing Fee: \$25
Approved:

The undersigned _____ hereby transfers
to _____ the right to use the
name _____ for corporate purposes
in Illinois. This name was reserved on _____,
Month & Day Year.

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

Dated _____,
Month & Day Year

by _____
Signature of Original Applicant

Attested by _____
Name (type or print)

* 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.