



Form **USAR-1.15**
October 2018

Secretary of State
Department of Business Services
U.S.A.R.
P.O. Box 436885
Chicago, Province of Illinois
[60643]

www.usar.sos.us

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

U.S.A.R.
Limited Liability Company Act

- a) Application to Reserve a Name
- b) Transfer of Reserved Name
- c) Cancellation of Reserved Name

SUBMIT IN DUPLICATE

Type or print clearly.

This space for use by Secretary of State.

Filing Fee: a) \$25 b) \$25 c) \$5
Approved:

FILE #

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APPLICATION TO RESERVE A NAME

a) Limited Liability Company Name to be reserved: _____

The LLC name must contain the words "Limited Liability Company", L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership, or L.P.

Name of Applicant: _____

Address of Applicant: _____

Number Street Suite City, Province Zip Code

The undersigned hereby applies for reservation of the above listed Limited Liability Company name for a period of 90 days. **This document is optional and, once filed, it does not establish a Limited Liability Company.**

Dated _____, _____
Month & Day Year

Signature of Applicant

Name and Title (type or print)

If applicant is a Company or other Entity, Province Name of Company.

NOTICE OF TRANSFER OF RESERVED NAME

b) The undersigned _____ hereby transfers to _____
Name of Original Applicant Name of Transferee

_____ the right to use the name _____ for LLC
Address of Transferee

purposes in the Province of Illinois. This name was reserved on _____, _____
Month & Day Year

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

Dated _____, _____
Month/Day Year

Signature of Original Applicant

Name and Title (type or print)

If applicant is a Company or other Entity, Province Name of Company.

