FORM AB-12 ASSUMED-NAME CERTIFICATE	FIDLAR ELECTION CO., ROCK ISLAND, ILLINOIS
STATE OF ILLINOIS,  County of	S.
This is to certify that the undersigned conducting	and transacting a
business in said County and State under the name ofat the following post office addresses:	
that the true and real full names of all persons owning, or respective post-office address of each, are as follows:	conducting or transacting such business, with the
NAME	POST-OFFICE ADDRESS
Dated this day of	, A.D. 20
STATE OF ILLINOIS,  County of ss  in and for said County and State, do hereby certify that	I,, a Notary Public
personally known to me to be the same person whose r instrument, appeared before me this day in person and acknows aid instrument and that the statements therein contained, and	name subscribed to the foregoing wledged that he ha read and signed dieach thereof, are true.
	Notary Public.
	My commission expires on the day of, A.D. 20

STATE OF ILLINOIS,  County of	} ss.		
I,			, County Clerk of
	***	County, in the	e State aforesaid, do hereby certify that the within is a
true and correct copy of an Assum		·	o set my hand and seal at my office in
	this	day of	, A.D. 20
			County Clerk.

FIDLAR ELECTION CO ROCK ISLAND, ILLINOIS	County Clerk.		Filed the
LLINOIS		A.D.	
			_day of

ASSUMED-NAME CERTIFICAT	County of	STATE OF ILLINOIS
ME CERTIFICAT		