-Transportation Division 527 East Capitol Avenue, Springfield, Illinois 62701 217/782-4654 Fax 217/785-1448



Petition for Name Change or Addition of a Trade Name

| ** Non-Household Goods | ** Motor Carrier Number |
|---|--|
| It is requested that the name currently shown on the abordanged from | ove-referenced Illinois Commerce Commission intrastate authority be |
| | |
| to | |
| I certify that there has been no change in ownership, ma | anagement or control of the motor carrier authority |
| I understand that the above may require new insurance purchase of new intrastate cab cards (stamps) in the ne | and rate filings, and/or notice of adoption of current rates, and/or w name. |
| I have attached the following documents listed below: | |
| Domestic Corporation: | |
| Copy of the Amended Articles of Incorporation a | is recorded by the Illinois Secretary of State |
| Copy of Approved Application to Adopt, Change State (Form BCA-4.15/20), if applicable. | or Cancel an Assumed Corporate name form the Illinois Secretary of |
| Foreign Corporation: | |
| Copy of the Amended Authorization to do Busin Secretary of State | ness in Illinois as a Foreign Corporation as recorded by the Illinois |
| Sole Proprietorship or partnership: | |
| Copy of the Certificate of Publication under the place of business is located, if applicable. | Assumed Business name Act from the County Clerk where the principal |
| A Fee of \$25.00 made payable to the Illinois Commerce | Commission must accompany this petition. |
| | |
| Signature of Owner/Carrier | |
| Postition/Title | |
| Date | |

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