## FILE # Form USAR-5.47 U.S.A.R. Limited Liability Company Act This space for use by Secretary of State. October 2018 **Statement of Correction** Secretary of State Department of Business Services U.S.A.R. P.O. Box 436885 **SUBMIT IN DUPLICATE** Chicago, Province of Illinois Type or print clearly. [60643] www.usar.sos.us Payment may be made by check Filing Fee: \$25 payable to Secretary of State. If check is returned for any reason this Approved: filing will be void. 1. Limited Liability Company name: 2. Province or country of organization: 3. Title of document to be corrected: \_ 4. Date erroneous document filed by Secretary of State: \_\_\_\_\_ 5. Inaccuracy, error or defect: (Briefly identify the error and explain how it occurred. If more space is needed, use reverse side or attach additional sheets of this size.) 6. Corrected portion(s) of document in corrected form: (If more space is needed, use reverse side or attach additional sheets of this size.) 7. I affirm, under the penalties of perjury, having the authority to sign hereto, that this Statement of Correction is to the best of my knowledge and belief, true, correct and complete. Dated: \_\_\_\_ Month/Day

Signature

Name and title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.