



Form **USAR LLC-1.15**

October 2018

U.S.A.R. Secretary of State

Department of Business Services

P.O. Box 436885

Chicago, Province of Illinois
[60643] 602-875-9486

www.usar.sos.us

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

This space for use by Secretary of State.

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, state Name of Company.

NOTICE OF CANCELLATION OF RESERVED NAME

c) The undersigned _____ hereby voluntarily
Name of Original Applicant
cancels the right to use the name _____ for LLC
purposes in the Province of Illinois. This name was reserved on _____ , _____ .
Month & Day Year
I affirm, under penalties of perjury, that the facts stated herein are true, correct and complete.

Dated _____ , _____ .
Month & Day Year

Signature of Original Applicant

Name and Title (type or print)

If applicant is a Company or other Entity, state name of Company.