BUSINESS TAX AFFIDAVIT

The undersigned manager or owner of the business named below hereby certifies that he/she has the authority to certify and does hereby certify that such business is:

(Check the appropriate statement)	
A) in compliance with all required filir taxes including to the State of Illinois, or	ngs and payments of all applicable federal or state
B) not required to file or pay any federa	al or state taxes including to the State of Illinois.
Business Name:	
DATE:	Signed:
	Name:
	Title:
State of) SS County of)	
hereby certify that is per name is subscribed to the foregoing instrumen	lic in and for said County in the State aforesaid, do rsonally known to me to be the same person whose at appeared before me this day in persona and uch instrument as a free and voluntary act, for the
Given under my hand and notarial seal this date,	·
	NOTARY PUBLIC
My commission expires:	