

FORM **BCA 4.10** (rev. Aug. 2014)
APPLICATION FOR RESERVATION OF NAME
Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9520
217-782-6961
www.cyberdriveillinois.com

Payment must be made by check or money order
payable to Secretary of State.
(\$25 fee to each name reserved.)

Filing fee \$ _____ File # _____ Approved: _____

----- **Submit in duplicate** ----- **Type or Print clearly in black ink** ----- **Do not write above this line** -----

1. Name(s) to be Reserved (for a period of 90 days each):

Must contain the word "corporation," "company," "incorporated" or "limited," or contain an abbreviation of such words.

2. Proposed Corporate Purpose:

3. Name of Applicant: _____

4. Address of Applicant: _____

5. Dated _____, _____
Month Day Year

Signature of Applicant

Name (type or print)

NOTE:

- **If the applicant is an individual, this application must be signed by the applicant.**
- **If the applicant is a corporation, this application must be signed by a duly authorized officer of the corporation.**
- **Upon filing of this document, name(s) will be reserved for a period of 90 days.**

**NOTICE OF TRANSFER
OF
RESERVED NAME**

Date:
Filing Fee: \$25
Approved:

The undersigned _____ hereby transfers
Name of Original Applicant
to _____ the right to use the
Name of Transferee
name _____ for corporate purposes
in Illinois. This name was reserved on _____,
Month Day Year.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated _____,
Month Day Year

by _____
Signature of Original Applicant

Attested by _____
Name (type or print)

* As the original applicant, I declare that this document has been examined by me and is to the best of my knowledge and belief, true, correct and complete.