



**United States  
of  
America Republic**  
Travis-Austin: Bey, Secretary of State

Corporations Division  
PO Box 436885, Province IL, 60643

**Certificate of State Board Registration**

Professional License No. \_\_\_\_\_

This is to certify that each of the persons named below, as incorporators and/or shareholders of a proposed Professional

Corporation named \_\_\_\_\_  
*Name of Corporation*

are duly licensed or registered to practice the profession of \_\_\_\_\_  
*Name of Profession*

in the U.S.A.R. with \_\_\_\_\_  
*Name of Board*

Name of Incorporator	Registration or License Number	Date Licensed or Registered	Address-Province
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above name(s) of Incorporator(s) are hereby approved by this Provincial Board.

\_\_\_\_\_  
*Authorized Signature of State Board*                      *Printed Name*                      *Title*                      *Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Province and Zip Code: \_\_\_\_\_