Bank One Merale POBUL 10129 Merale 40/11

## CERTIFICATE OF PERSONS OPERATING UNDER ASSUMED NAME

STATE OF INDIANA ) ( SS:	
COUNTY OF LAKE )	
THIS CERTIFIES that the Undersigned is conducting and	
transacting business under the name ofOwen's Lawncare	
;	
that the principal office thereof is located at 2017 Vanderburg St.,	
Lake Station, IN 46405	* .
and that the name and residence of each and every person engaged in	
said business or having an interest therein is as follows, to-wit:	٠.
Pullius A. Ossa	)
Debora A. Owen  2017 Vanderburg St.	188
Lake Station, IN 46405	
	関系
	Z- A
	<b>F</b>
	SS: 35
WITNESS my/our hand(s) and seal(s) this 18th day of April	무글
19_88.  X Debora a. Owen	7
Debora A. Owen	
	,
STATE OF INDIANA ) ( SS:	
COUNTY OF Lake )	
Before me, a Notary Public in and for said County and State, on this 18th day of April, 1988, personally appeared  Debora A. Owen	
- SANS	
WITNESS my hand and official seal.	
My Commission Expires:  12-8-89  Gail R. Hutchinson Notary Publi	
Resident of Lake County	5
This Instrument Prepared By: Debora A. Owen	

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