

# 9-4169

Efron & Efron, P.C.  
5246 Hohman Ave, Hammond

057379



### CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4 / 3-87)

Approved by State Board of Accounts 1987

# 993189

|                               |
|-------------------------------|
| Provided by: EVAN BAYH        |
| Secretary of State of Indiana |
| 155 State House               |
| Indianapolis, Indiana 46204   |
| (317) 232-6576                |

#### INSTRUCTIONS: (CORPORATIONS ONLY)

This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State. Indiana Code 23-15-1

Fee for filing with the Secretary of State: \$30.00 or \$45.00, if a certificate issued by the Secretary of State is desired.

|  |  |   |  |
|--|--|---|--|
| 1. Name of Corporation<br><b>INNOVATIVE CONCEPTS, INC.</b>   |  | 2. Date of Incorporation / Admission<br><b>November 6, 1981</b> |  |
| 3. Principal Office Address of the Corporation (Street, City, State and ZIP Code)<br><b>5246 HOHMAN AVENUE, HAMMOND, INDIANA 46320</b>                                   |  |   |  |
| 4. Assumed Business Name(s)<br><b>INNOVATIVE CONCEPTS INTERNATIONAL</b>  |  |   |  |
| 5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code)<br><b>5246 HOHMAN AVENUE, HAMMOND, INDIANA 46320</b> |  |   |  |
| 6. Signature<br><i>Anita Efron</i><br>President  |  | Name Printed<br><b>ANITA EFRON</b>                              |  |

CHICAGO TITLE INSURANCE COMPANY  
INDIANA DIVISION

STATE OF INDIANA

SS:

COUNTY OF LAKE

Subscribed and sworn or attested to before me, this 15<sup>th</sup> day of AUGUST 1988

Notary Public  
*Carol Zidanich*  
**Carol Zidanich**  
*10/23/88*

Notarial Commission Expires:

My County of Residence is:  
LAKE

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 Aug 19 10 32 AM '88  
 RECORDER  
 LAKE COUNTY  
 CROWN POINT, INDIANA 46307  
 A. DEANICK

I, \_\_\_\_\_, Recorder of \_\_\_\_\_ County,  
 State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my  
 office on the \_\_\_\_\_ day of \_\_\_\_\_  
 19\_\_\_\_\_  
 Recorder Signature

This instrument was prepared by  
**EFRON AND EFRON, P.C., 5246 Hohman Avenue, Hammond, Indiana 46320**

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