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STATE OF INDIANA
COUNTY OF LAKE)

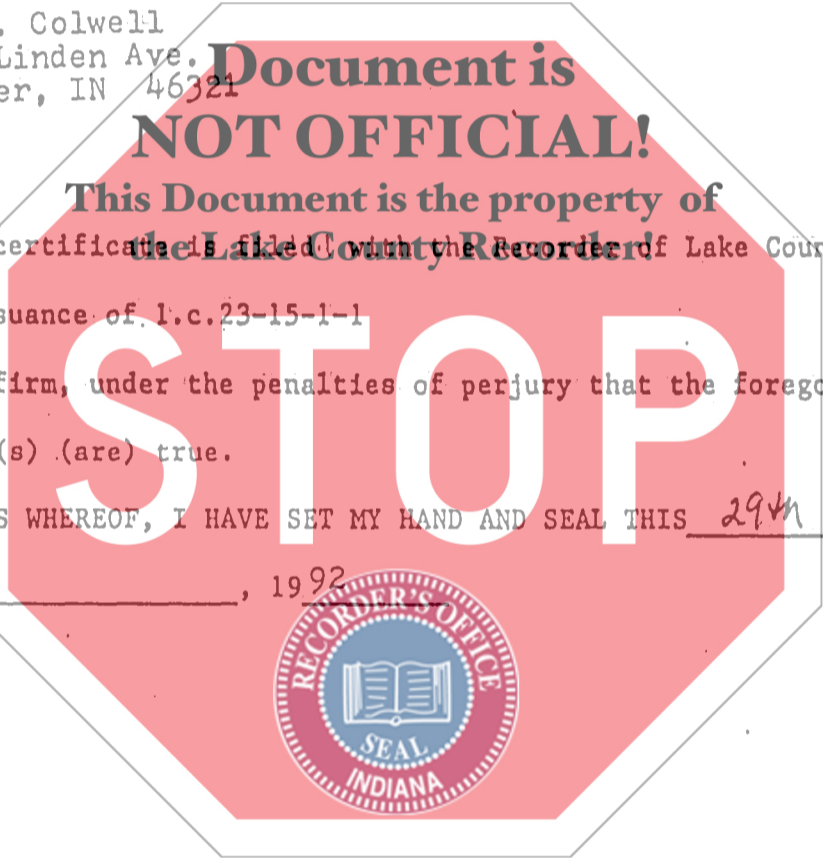
CERTIFICATE OF ASSUMED NAME

This certifies that Joy L. Colwell
is/~~are~~ doing business in the county of Lake, State of Indiana, under
the name and style of Lake Mediation Services
that the principal office thereof is located at _____
8329 Linden Ave, Munster, IN 46321

and that the name and residence of each and every person engaging in said
business of having an interest therein are as following, to-wit:

Joy L. Colwell
8329 Linden Ave.
Munster, IN 46321

↗



and that this certificate is filed with the Recorder of Lake County,
Indiana in pursuance of I.C. 23-15-1-1

I (we) affirm, under the penalties of perjury that the foregoing
representation(s) (are) true.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND SEAL THIS 29th
DAY OF May, 1992

Lake Mediation Services
BUSINESS NAME

Joy L. Colwell
BY Joy L. Colwell

This instrument prepared by: Joy L. Colwell

ROBERT
RECORDED
AND

JUN 12 10 35 AM '92

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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