

# CERTIFICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), firms, or partnerships  
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: Viddles

KIND OF BUSINESS: Viddles

PLACE OF BUSINESS: RESTAURANT

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Kenee Miles at 1989 Delaware

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\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

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SAMUEL ORLICH  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Kenee Miles  
Written Signature

Kenee Miles  
Printed Name

Owner  
Capacity of Signer

FORM PREPARED BY: Kenee Miles

IF THIS FORM HAS BEEN FAXED TO YOU, IT MUST BE COPIED ONTO  
REGULAR PAPER BEFORE FILING. THE COMPLETED FORM MUST BE FILED IN  
THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A  
PLACE OF BUSINESS OR OFFICE IS LOCATED.

Filed on \_\_\_\_\_, 19\_\_\_\_, Recorder

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