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 COUNTY OF
NAME OF BUSINESS: <u>CASH BACK</u>
KIND OF BUSINESS: Publications
PLACE OF BUSINESS: 8822 UPVaivies Ave, Highland, WW 46322
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:
Ken Zandstra at 88 22 Prairir Ave Highland INE46322
Marga Zandstruat 4822 Prairie Ave, Highland, IW46322
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23 GQC
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.
Traffing W
Written Signature Printed Name Capacity of Signer
Written Signature Timited Ivanie Capacity of Signer
FORM PREPARED BY: Le Company (5)
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.

December 25