

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: ALTERNATIVE CHOICE

KIND OF BUSINESS: SCHOLARSHIP REFERRAL SERVICE

PLACE OF BUSINESS: 2320 PINE ST. LAKE STATIONS, IN. 46405

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

LANCE LANDES at 2320 PINE ST. LAKE STATIONS, IN.

| | | |
|-----------|----|-----------|
| <u>NA</u> | at | <u>NA</u> |
| <u>NA</u> | at | <u>NA</u> |
| <u>NA</u> | at | <u>NA</u> |
| <u>NA</u> | at | <u>NA</u> |



95003844
 AMASA G. COLBY
 CHIEF DEP. RECORDER

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


LANCE LANDES
OWNER

Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: LANCE LANDES

95 JAN 23 PM 12:04
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

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 January 23, 1995 Amasa Colby Recorder

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