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 La Ke
NAME OF BUSINESS/1's In The Pasket
KIND OF BUSINESSALL OCCUSSION GIFTS in a basket
PLACE OF BUSINESS 538 Logan On Aton & Hannond, Ind. 46 350
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:
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ing ang terminang mengalagan kanggalagan kenanggalagan kenanggalagan kenanggalagan di kenan
B 33 33 5
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.
Written Signature Printed Name Capacity of Signer
FORM PREPARED BY: Hanne Grown
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.

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Recorder

Filed on