

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

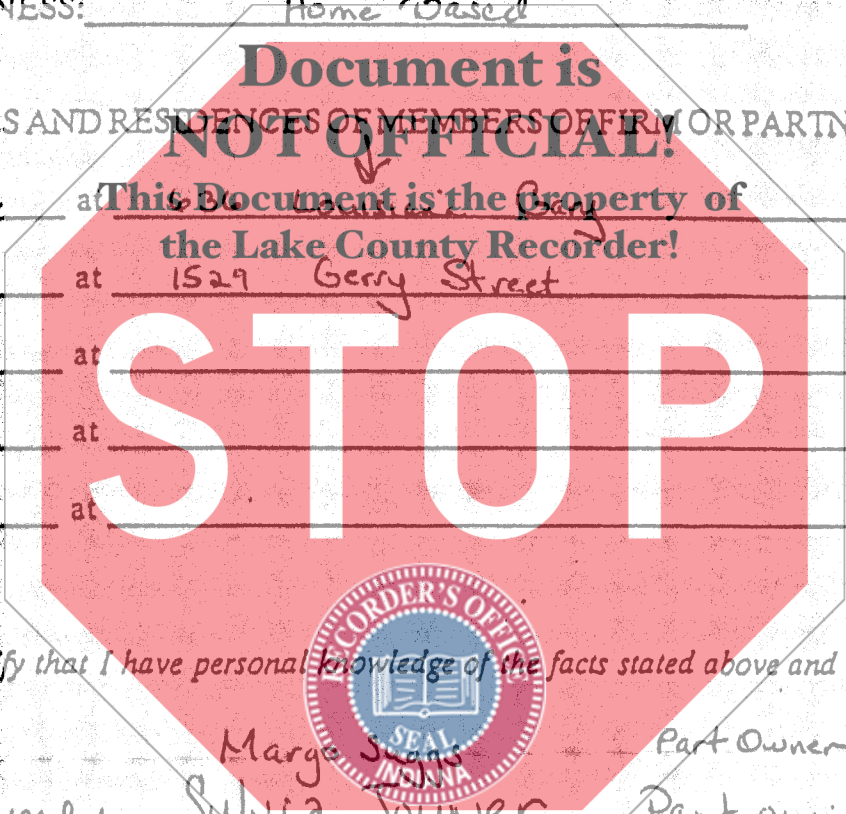
NAME OF BUSINESS: Heaven's Delight

KIND OF BUSINESS: Artse Craft

PLACE OF BUSINESS: Home Based

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Sylvia Joyner at This Document is the Property of
Margo Suggs at 1529 Gerry Street
at _____
at _____
at _____



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

<u>Margo Suggs</u> Written Signature	<u>Margo Suggs</u> Printed Name	<u>Part Owner</u> Capacity of Signer
<u>Sylvia Joyner</u> Written Signature	<u>Sylvia Joyner</u> Printed Name	<u>Part owner</u> Capacity of Signer

FORM PREPARED BY: Margo Suggs

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 September 22, 1998. Margaret Cleland, Recorder

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MARGARET CLELAND
RECORDER
LAKE COUNTY
FILED FOR RECORD

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