

# 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 \_\_\_\_\_

NAME OF BUSINESS: Absolute Comfort Heating-Air Conditioning + ELECTRICAL

KIND OF BUSINESS: ELECTRICAL + HVAC

PLACE OF BUSINESS: 1651 Cammellia Munster IN 46321

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

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STOP  
Dennis Meier at 1651 Cammellia Dr Munster IN 46321  
Ronald Meier at 1651 Cammellia Dr Munster IN 46321  
at \_\_\_\_\_  
at \_\_\_\_\_  
at \_\_\_\_\_

95058350

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



Dennis Meier  
Written Signature

Dennis Meier  
Printed Name

Partner  
Capacity of Signer

FORM PREPARED BY: Dennis Meier

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.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MARGARETTE C. HILLAND  
RECORDER  
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Filed on 9-27-95, 1995, Recorder

900