CERTIFICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), firms, or partnerships engaged in business under a name other than their own (DBA)

STATE O	F INDIANA, CO	unty of <u>La</u>	<u>ke </u>		
NAME OF BUSIN	1ESS: <u>II'S A</u>	SMALL WOI	eld Child	lace Cent	tel :
KIND OF BUSINI	ess: <u>Dayla</u>	e Center	-		
PLACE OF BUSIN	. 7	1	Inda Fake	W 4644	3
\; PRINTED NAME:	NO's AND RESIDENCE	T OFFICES OF MEMBER	IAL!	RTNERSHIP:	
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Janua Mattin Written Signatur		a Martinez ated Name	Owner Capacity	· 開始 of Signer M	
	PARED BY:	Janu Mo	utinia.	7 · , 5 · ,	9,**
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LF THIS FORM	a has been fax	ши то you, it i	MO21. RF. CONEI	OTTO .	

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 October 30, 1995. Magnette Tember Recorde

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