> 8706 Linden
Muncher, Th.

CERTIFICATE OF ASSUMED BUSINESS NAME

46221

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

NAME OF BUSINESS	Pober	T PHIPP	<u>S</u>		
IND OF BUSINESS:	REMOD	ELING			
LACE OF BUSINESS:	Murs	detinænt (632/		
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I hereby certify that them are true.	Nhave perso	onel knowledge of the	ne facts stated ab	ove and that each	မ
1-AD):	Robe.	T PHIPPS		I PHPS ity of Signer	
	Lober				yFy***

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 November 3, 1995. Agaretaline for Recorder

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