

# 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: DATA OUT SOURCE SERVICES

KIND OF BUSINESS: HOME TRANSCRIPTION & MEDICAL BILLING

PLACE OF BUSINESS: INDIANA

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Clara A. Staples at PO Box 7813 - 2233 Tandy PLACE

at \_\_\_\_\_

at \_\_\_\_\_

at \_\_\_\_\_

at \_\_\_\_\_

**STOP**

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

Clara A. Staples

Written Signature

CLARA A. STAPLES

Printed Name

OWNER

Capacity of Signer

FORM PREPARED BY: Clara A. Staples

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, 8 1995. Margaret Penland Recorder

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MARGARET PENLAND  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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