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 INDIA	NA, COUNTY OF	ake		
NAME OF BUSINESS:	and D Marketir	1 2		
KIND OF BUSINESS:O	eders for Prop	ship and sec	ereing env	elopes
PLACE OF BUSINESS: /5	Documen	tis		
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I hereby certify that I he of them are true.	Se head E Berry ansage	he facts stated above and	d that each RECORDE	LAKE COU
Written Signature	Printed Name BY: flished & These	Capacity of S	Signer E	ECORD
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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	11	13	•	 19 <u>45.</u>	7	aggentiel	Temberf	, Recorder