

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: Henri's Professionals

KIND OF BUSINESS: Residential & Janitorial Service

PLACE OF BUSINESS: P.O. Box 4604
Document is NOT OFFICIAL!

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Henrietta Hill at 2759 W. 7th Place Court Gary 46404

at _____
at _____
at _____
at _____

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

Henrietta Hill
Henrietta Hill

Written Signature

Henrietta Hill President

Printed Name

Capacity of Signer

FORM PREPARED BY: Henrietta Hill

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 14, 1995 Margaret Cleveland Recorder

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MARGARET CLEVELAND
RECORDER

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STATE OF INDIANA
LAKE COUNTY
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