

Amended # 94044386

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: Barber/Style

KIND OF BUSINESS: Barber Shop

PLACE OF BUSINESS: 9231 Water Ave, St. John, IN. 46373

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Bill D Robinson at 1528 Krame Dr, Crown Point, IN.

Patricia A Robinson at 1528 Krame Dr, Crown Point, IN.



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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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

Bill D Robinson
Written Signature

Bill D Robinson
Printed Name

Owner
Capacity of Signer

FORM PREPARED BY: Bill D. Robinson

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 27, 1995. Margaret Penland, Recorder

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