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: 60570'S	!	
KIND OF BUSINESS: PIZZA/SANDWICHES CARRY OUT FOO	C.	
PLACE OF BUSINESS: 1932 CALUMET AVE. HAMMOND, FO		
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHII	9600	
JOUST J. BETTEOLOS at 4116 SHEFFIELD AVE. HAMMOND, I		7
at	_ 0/	
at	- -•	
at	96 FE	FILED
I haveby gamily that I have managed beautiful and the formation of the first that I have been appeared to the first that I have been ap	B-2 I	PAGE.
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.	AND:	HOOM VINU
Written Signature Printed Name Capacity of Signer	<u>ක . ශ්</u>	U .
FORM PREPARED BY: Must J Bereoles		
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 teb 2 1996. Wagnette Tember Recorder	•	د.
		20