## 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 <u>LAKE</u>	
NAME OF BUSINESS: PARK AUENUE IMOUSINE.	Š
KIND OF BUSINESS: LIMOUSINE SERVICE	0 0 1
PLACEOFBUSINESS: 7763 DURBIN OF Schemonice I	77 463
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TAROL Allone at 7763 Dur Bin Or Scheneille In	<u></u>
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I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.  Canal R. Allond CAROL Allond President	
Written Signature Printed Name Capacity of Signer	
FORM PREPARED BY: CATOL Allord	
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.	