## 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 COKE  |   | · · · · · · · · · · · · · · · · · · · |
|---|---|---------------------------------------|
| NAME OF BUSINESS: HIGH TECH.  |   |                                       |
| KIND OF BUSINESS: SALES   |   |                                       |
| RIND OF BUSINESS: <u>SAIRS</u> 880 N. Wells GARY IN. 46403  |   |                                       |
| PLACE OF BUSINESS:  | 100   |                                       |
| PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:   | 6010  |                                       |
| Latrell Chamberal 880 N. Wells Gary In 46403.   | 01056   |                                       |
| $\mathcal{A}$   | 7   |                                       |
| at  |   |                                       |
| at  | 100 - 100<br>100 - |                                       |
| atat  | 33.56   |                                       |
|   | 8.15  | 1公元<br>2公元<br>20元                     |
| I hereby certify that I have personal knowledge of the facts stated above and that each                                     | 3   | 現る                                    |
| of them are true.   | 16  | 음식                                    |
| Latel Chambers Latrell Chambers Owner   |   |                                       |
| Written Signature Printed Name Capacity of Signer   |   |                                       |
| FORM PREPARED BY: Lakel Chambers  |   |                                       |
|   |   |                                       |
| 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 <u>Albruary</u> 16, 19 96.