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: HEIR LOOM TREASURES. |
| KIND OF BUSINESS: Gift Shop |
| PLACE OF BUSINESS: 6722 Kansas Ave Hammond IN |
| PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP: |
| - Mary J. Bab: lla-Taylorat 6722 Kansas tve Hammond, IN 46323 |
| |
| |
| at at |
| |
| I hereby certify that I have personal knowledge of the facts stated above and that each |
| of them are true. |
| Mary T. Hahlh-Taylor Maky J. Bah: Ila-Taylor Capacity of Signer |
| - 1985년 - 한 10일 |
| FORM PREPARED BY: Mary Y. Balsla-Taylor |
| 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 Telo 21 19 96. Recorder |
| Filed on telo 21 . 19 96. Recorder |

96 FEB 21 ANIO: 27