## 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   |  |                                       |
|---|--|---------------------------------------|
| NAME OF BUSINESS: BOARD TALK  | !  |                                       |
|   |  |                                       |
| KIND OF BUSINESS: ADVERTISING   | in the will be a second of the |                                       |
|   |  |                                       |
| PLACE OF BUSINESS: 1253 VANDERBURGH ST. VANDERBURGH ST.                                 |  |                                       |
|   |  |                                       |
| PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:                         | 8  |                                       |
|   | 50   |                                       |
| SCOT Me GUNNE at 1270 BRANDHUME 1812. CHOWN POINT, IN.                                  | 2  |                                       |
| ANN McGrynis at 1270 Brown que RO. Com MINT, IN   | 64   | • • • • • • • • • • • • • • • • • • • |
| DONNA KOYALICIA at 1253 VANDERBUARH ST. VALPARALIO TV.                                  | N  |                                       |
|   |  |                                       |
| at  |  |                                       |
| at  |  |                                       |
|   | 8  | 22 9                                  |
|   | FEB  | 응                                     |
| I hereby certify that I have personal knowledge of the facts stated above and that each | 27   | 120<br>120                            |
| of them are true.   | AHII   | N RE                                  |
|   | =  | 85                                    |
| Written Signature Printed Name Capacity of Signer                                       | 5 2  | 8                                     |
| Capacity of Signer  |  | :                                     |
| FORM BREDADED DV. SATT M.   |  |                                       |
| FORM PREPARED BY:   |  |                                       |
| anger en  | #<br>-   | ta in                                 |
| IF THIS FORM HAS BEEN FAXED TO YOU, IT MUST BE COPIED ONTO                              |  |                                       |

THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IS LOCATED.

900 15/5