

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: Whobel Enterprises

KIND OF BUSINESS: Retail (Reselling of merchandise.)

PLACE OF BUSINESS: 3248 170th Pl. Hammond, IN 46323

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP

Lacey T. Wedd at 3248 170th Pl. Hammond, IN 46323 (Sole Proprietor)
____ at _____
____ at _____
____ at _____
____ at _____

96013146
96 FEB 23 PM 4:20
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MARGARET B. BURNHAM
RECORDER

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Lacey T. Wedd Lacey T. Wedd _____
Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: Lacey T. Wedd

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 February 28, 1996. Margaret Burnham, Recorder

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