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: 1) 1+1 mate video
KIND OF BUSINESS: mail order
PLACE OF BUSINESS: 1020 LIN COLN ST HOBART IND
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP Document is
Teffrey Pykhuis AT 1020 LINCOLA SE HOBERT IN P 40742 Tim Dikhuis AT 1020 LINCOLN ST HOBERT IND 41342
TIM Dykhuis AT 1020 LINCOLN ST HOMEN IND 41347
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AT DER'S
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.
ATH O O H
WRITTEN SIGNATURE PRINTED NAME
CAPACITY OF SIGNER
THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IF LOCATED.
FILED ON 4-9,1996. Trage RECORDER