## 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 AKE
NAME OF BUSINESS: DFFICE Dynamics
KIND OF BUSINESS: ADMINISTRATIVE, SECRETARIAL
PLACE OF BUSINESS: HOBART INDIANA
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP  Document is
DENISE M. Sycholoman THOBrian Cooklant Hobart DU Y632
This Document is the property of the Take County Recorder!
AT
AT SO
I hereby certify that f have personal knowledge of the facts stated above and that each of them are true.
WRITTEN SIGNATURE PRINTED NAME SIOCASMA BELLAKTI
CAPACITY OF SIGNER  CAPACITY OF SIGNER  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 11/13 , 1996. Appelle Franksuf RECORDER

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