



# CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R7 / 4-95)

State Board of Accounts Approved 1995

SUE ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

### INSTRUCTIONS:

This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located.  
A copy of the certificate certified by the County Recorder must be filed with the Secretary of State.

Please TYPE or PRINT.

Indiana Code 23-15-1-1, et seq.

### FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00
Certificate - Additional	\$15.00

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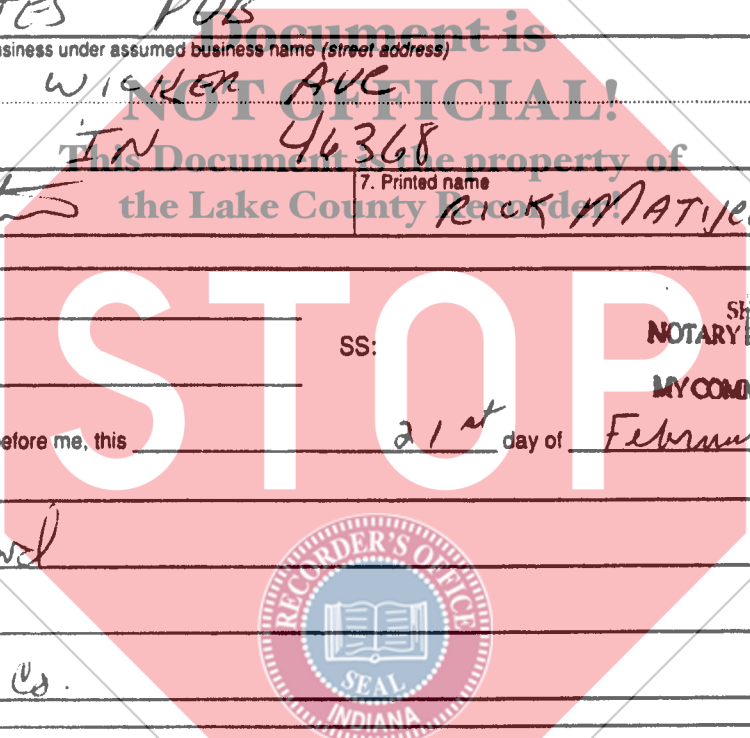
1. Name of Corporation <b>WICKER Street PUB</b>	2. Date of incorporation / admission <b>12-10-96</b>
3. Principal office address of the Corporation (street address) <b>6797 NORTHVIEW Ct.</b> City, state and ZIP code <b>Mc Cordsville IN 46055</b>	
4. Assumed business name(s) <b>HEADSKATES PUB</b>	
5. Address at which the Corporation will do business under assumed business name (street address) <b>47 9623 WICKER AVE</b> City, state and ZIP code <b>ST. JOHN IN 46368</b>	
6. Signature <i>Rob Metz</i>	7. Printed name <b>ROCK MATIJEVICH</b>

STATE OF Indiana COUNTY OF Lake SS: \_\_\_\_\_

Subscribed and sworn or attested to before me, this 21<sup>st</sup> day of February

Notary Public: *Shirley L. Jones*  
My Notarial Commission Expires: \_\_\_\_\_

My County of Residence is: Lake Co.



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD.  
97 FEB 21 PM 3:06  
MORRIS W. JOHNSON  
RECORDER



I, \_\_\_\_\_, Recorder of \_\_\_\_\_ County, State of Indiana,  
certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the \_\_\_\_\_  
day of \_\_\_\_\_ 19 \_\_\_\_\_.

Recorder Signature

This instrument was prepared by:

*Handwritten initials/signature*