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: Eagle Turf
NAME OF BUSINESS: Lawn Maintenaire PLACE OF BUSINESS: Lown Maintenaire PLACE OF BUSINESS: Loss E. 173 me Aug. Hebron 438 Th. 46341 Hebron. In. PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP Elden Hildebrund at 6655 E. 173 May Hebron. In. Hebron. In. 46341
PLACE OF BUSINESS: 6655 E. 173 nd Aug. Hebron 3438
FRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR 46341
PARTNERSHIP DOCUMENT IS
Elden Hildebrund TAT 6655 E. 173 4 Ave. Hebron In 427
Stephanie Hilderant Class E. 173 - Acr. Hebron In: 146349
AT AT
AT
AT
I hereby certify that I have personal knowledge of the
facts stated above and that each of them are true.
Techanic Hildebrald Stephanie Hildebrandt 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 OU , 19 97 Mbi W. Cartin RECORDER