for individuals (sole proprietorships), firms or partnerships engaged in business under a name other than their own (DBA)

| • | STATE OF INDIANA, COUNTY OF LAKE | | |
|------------|--|-----------|----------------------------|
| ٠ | NAME OF BUSINESS: LOVING Spoon Ful Inc. | | |
| | KIND OF BUSINESS: Food Service, House Keeper, Be | tuo? | TICIANS |
| • | PLACE OF BUSINESS: Gary, Indiana 46404 | 970 | |
| | PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP | 7148 | • |
| ~ i | Henrietta ALi AT 1156 NorTH Pulaski - Chica | | Il 606 |
| 4 | Henrietta ALi AT 1156 NORTH Pulaski. Chica Sandee Kyle AT 913 WEST 35th Ave. GARYIN46408 | • | |
| • | AT | 97 00 | STA LL FILE |
| • | ATAT | 97 OCT 21 | AKE OF FOR |
| | AT STATE OF THE ST | 70 | INDIANA DUNTY RECORD |
| | I hereby certify that I have personal knowledge of the facts stated above and that each of them are true. Sandle Kyle Sandle Kyle Henrietta Ali WRITTEN SIGNATURE PRINTED NAME | 7 | |
| | 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 10-21 ,1997. WILLOW CORDER | | |

9.000