

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: DIPERFECTION

KIND OF BUSINESS: RETAIL CLOTH DIAPERS & BABY PRODUCTS

PLACE OF BUSINESS: 418 RUTA DR., APT 933, HOBART, IN

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP

LINDA M. H. GIBSON AT 418 RUTA DR., APT 933, HOBART, IN

JONATHAN J. GIBSON AT 418 RUTA DR., APT 933, HOBART, IN

_____ AT _____

_____ AT _____

_____ AT _____

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Linda M. Hubbard Gibson

WRITTEN SIGNATURE

LINDA M. HUBBARD GIBSON

PRINTED NAME

SOLE PROPRIETOR
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 IS LOCATED.

FILED ON DEC. 15, 1997. Morris W Carter RECORDER

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MORRIS W. CARTER
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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