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

STATE OF INDIANA, COUNTY OF LAKE		
NAME OF BUSINESS: TACKIES ACCESSORIES	engal s	:
KIND OF BUSINESS: HOME BASED - HANGKERCHIEFS + SCOTVE	<u> </u>	
PLACE OF BUSINESS: 115-FIELD ST. HAMMOND FND.	980426	V.
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP	42626	
AT ocument is		
JACQUELINE BROWN AT 1115 FIELD ST. HAMMOND, I	WD. 4	16320
the Lake County Recorder!	:: 	STI
AT	A SECULIA 8-110F 86	
AT	P: :	RECON
	3	
I hereby certify that I have personal knowledge facts stated above and that each of them are true.	of the	
Careline From JACQUELINE BROWN		
WRITTEN SIGNATURE PRINTED NAME	· · · · · · · · · · · · · · · · · · ·	್ಳಳ್ಳು ನಾತಿ
CAPACITY OF SIGNER		
THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IF LOCATED.	THE	
FILED ON Tune 8, 1988. Min W.C.	RECORDE	R

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