

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

STATE OF INDIANA, COUNTY OF LAKE

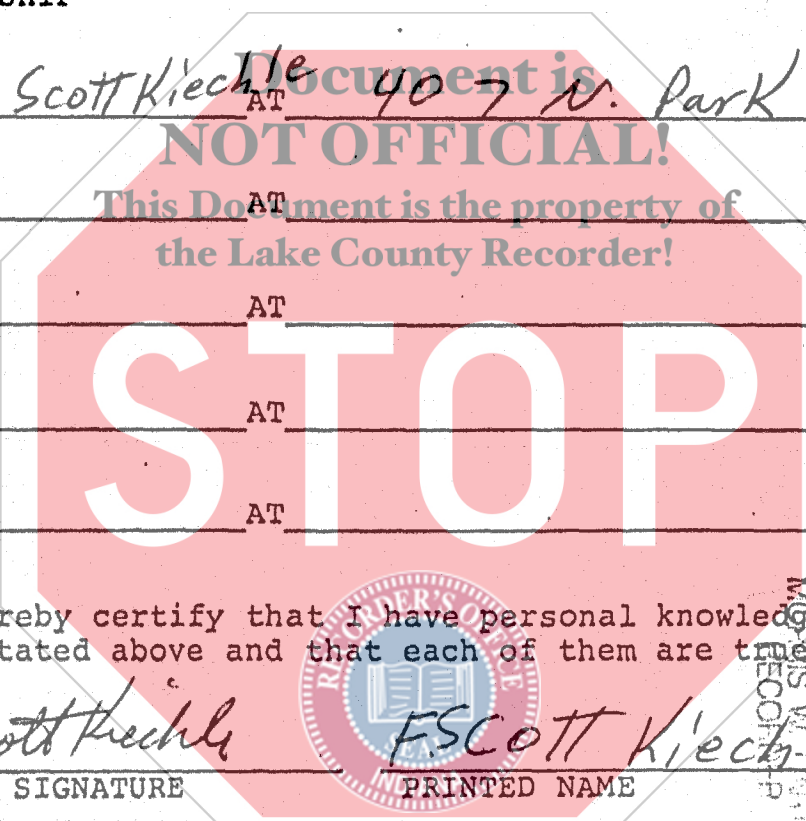
NAME OF BUSINESS: Helping Hands

KIND OF BUSINESS: Handyman / Home repair

PLACE OF BUSINESS: 3 North Court ST. Suite B242
Crown Point, IN. 46307

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR
PARTNERSHIP

Fredric Scott Kiechle AT 407 N. Park ST. Crown Point IN.



AT _____

AT _____

AT _____

AT _____

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

F Scott Kiechle

F SCOTT KIECHLE

WRITTEN SIGNATURE

PRINTED NAME

owner

CAPACITY OF SIGNER

98045649

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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 June 17, 1998. M. W. Carter RECORDER

Handwritten initials: JW, ES, EP