

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99081027

99 OCT -1. AM 10: 21

MORRIS W. CARTER
RECORDER

CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships)
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF Lake

NAME OF BUSINESS: Indiana Therapeutic massage

NATURE OF BUSINESS: Therapeutic massage

ADDRESS OF BUSINESS: 400 N. Lake Park Ave. #56N, Hobart
IN. 46342

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Patricia M. Johnston at 400 N. LAKE PARK AVE #56N HOBART
IN 46342

_____ at _____

_____ at _____

_____ at _____

FORM PREPARED BY: _____

Patricia M. Johnston
Member's Signature

Patricia M. Johnston
Printed Name

sole proprietor
Capacity

Filed on Oct 1, 1999. Morris W. Carter Recorder

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