99086759 99 OCT 21 AM 10: 34 CERTIFICATE OF ASSUME. BUSINESS NAME

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

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STATE OF INDIANA,	COUNTY OF is tildule of	perty of
	Lake County Recor	
NAME OF BUSINESS:	+ T DELIVERY	•
	OELIVERY	
NATURE OF BUSINESS:	DECIVERY	
ADDRESS OF BUSINESS:	9039 COLUMBIA AVE	CT. TOHN IN 44373
	7 MOERICA	
PRINTED NAMES AND RESID	ENCES OF MEMBERS OF I	BUSINESS:
DANIEL SMITH	at 9039 COLUMBIA	AVE ST. JOHN IN 44373
TIMOTHY SMITH.	E OEAL II	WE. ST. JOHN, IN 46373
	at	
	at	
FORM PREPARE	DBY: Vanie C	Khnith
		v ·
Stimil Charles	Printed Name	Canacity
Member's Signature	Printed Name	Capacity
	\mathcal{M}	lui W. Carter 9:00
Filed on $\sqrt{\alpha - 2}$	<u>, 1999</u>	, Recorder C