

2000 044980

2000 MONTHS 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 \_\_\_\_\_

NAME OF BUSINESS: Monique Remodeling

NATURE OF BUSINESS: Remodeling

ADDRESS OF BUSINESS: 6112 Hohman Ave Hammond, Ind - 46320

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

William Monique at 6112 Hohman Ave Hammond Ind. 46320

Pamela Petersen at 6112 Hohman Ave Hammond Ind. 46320

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

FORM PREPARED BY: \_\_\_\_\_

William H. Monique  
Member's Signature

William H. Monique  
Printed Name

Owner  
Capacity

Filed on 6-26-00 Mark W. Carter Recorder

9.00  
Jan  
CRS.