

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2000 08 19 85

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS Northwest Indiana Black Expo, Inc.

NATURE OF BUSINESS Community Organization Association

ADDRESS OF BUSINESS P.O. Box 608, Hammond, IN 46325

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Katrina Brooks at P.O. Box 608, Hammond, IN 46325

at

at

at

at

at

FORM PREPARED BY: Katrina Brooks

Katrina Brooks Katrina Brooks Owner  
Member's Signature Printed Name Capacity

Mhuir W. Carter

Filed on August 14, 2000, \_\_\_\_\_, Recorder

9:00  
AC  
CS



### Official Stamp

STATE OF INDIANA  
LAKE COUNTY  
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RECORDER

## Document Mail Back to Information Sheet

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This is where you want the recorded document sent back to  
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Name Katrina Brooks

Address P.O. Box 608

City St Zip Hammond, IN 46325

Telephone (219) 931-EXPO

Signature Printed Katrina Brooks

Signature Written Katrina Brooks

Date of Signature 8/14/2000

Check Number \_\_\_\_\_

Check Amount CASH \$ 9.00

### Office Use Only

Check Equals Amount Due  Yes  No

Total \_\_\_\_\_

Initials AC