

CERTIFICATE OF ASSUMED BUSINESS NAME

MORRIS W. CARTER  
RECORDER

2000 06 16 320

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 The New Employment Rapid Child Recovery C.S.

NATURE OF BUSINESS Child Registration with New Employment Office

ADDRESS OF BUSINESS P.O. Box 4296, Hammond, IN 46320

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Jessie Sapp at 4923 Homan Avenue

at \_\_\_\_\_

at \_\_\_\_\_

at \_\_\_\_\_

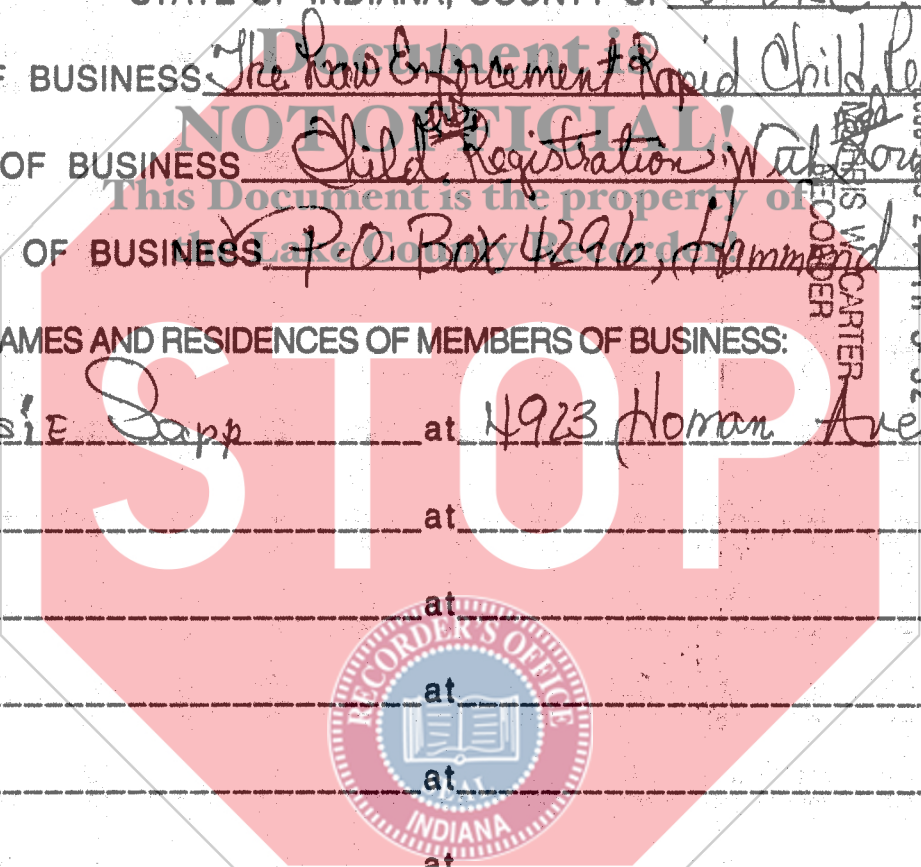
at \_\_\_\_\_

at \_\_\_\_\_

FORM PREPARED BY: Jessie L. Sapp

<u>Jessie L. Sapp</u>	<u>Jessie L. Sapp</u>	
Member's Signature	Printed Name	Capacity

Filed on August 24, 2000 Morris W. Carter Recorder



*Assoc*

STATE OF INDIANA  
COUNTY OF LAKE  
MORRIS W. CARTER  
RECORDER  
2000 AUG 16 3 32 PM  
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9.00  
AC

C.S



### Official Stamp

STATE OF INDIANA  
LAKE COUNTY  
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MORRIS W. CARTER  
RECORDER

## Document Mail Back to Information Sheet

**This is where you want the recorded document sent back to  
when it has completed the recording process.**

Name Jossie L. Sapp

Address P.O. Box 4296

City St Zip Hammond, Ind. 46320

Telephone 219-931-8900

Signature Printed JOSSIE L. SAPP

Signature Written Jossie L. Sapp

Date of Signature 8/27/00

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

Check Amount Cash 9.00

### Office Use Only

Check Equals Amount Due  Yes  No

Total \_\_\_\_\_

Initials AC