CERTIFICATE OF ASSUMED 2000 062587 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 NATURE OF BUSINESS ADDRESS OF BUSINESS 17 PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS: Member's Signature **Printed Name** Capacity Man W. Cast

974



Official Stamp

STATE OF INDIANA LAKE COUNTY FILED FOR PERCAND

2000 062587

2000 M/G 29 PN 2: 05

MITTIS W. CHITER

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 of ou M. Jackson
Address 742 Malheer St.
City Stzip Mary, and 46406
Telephone 2/9-977-9325
Signature Printed 40 LA M. JACKSON
Signature Written Lalu M. Jackson
Date of Signature 8 - 2 9 - 00
Check Number
Check Amount
•

Office Use Only

Check Equals Amount Due Yes No

Initials

74