

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 Lake

NAME OF BUSINESS Custom Craftsmen

NATURE OF BUSINESS Rehab (Construction)

ADDRESS OF BUSINESS 758 Vasa Terrace, Lowell, Ind 46356

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Angelica Simmons at Same

Robert Simmons at Same

_____ at _____

_____ at _____

_____ at _____

_____ at _____

FORM PREPARED BY:

Angelica Simmons

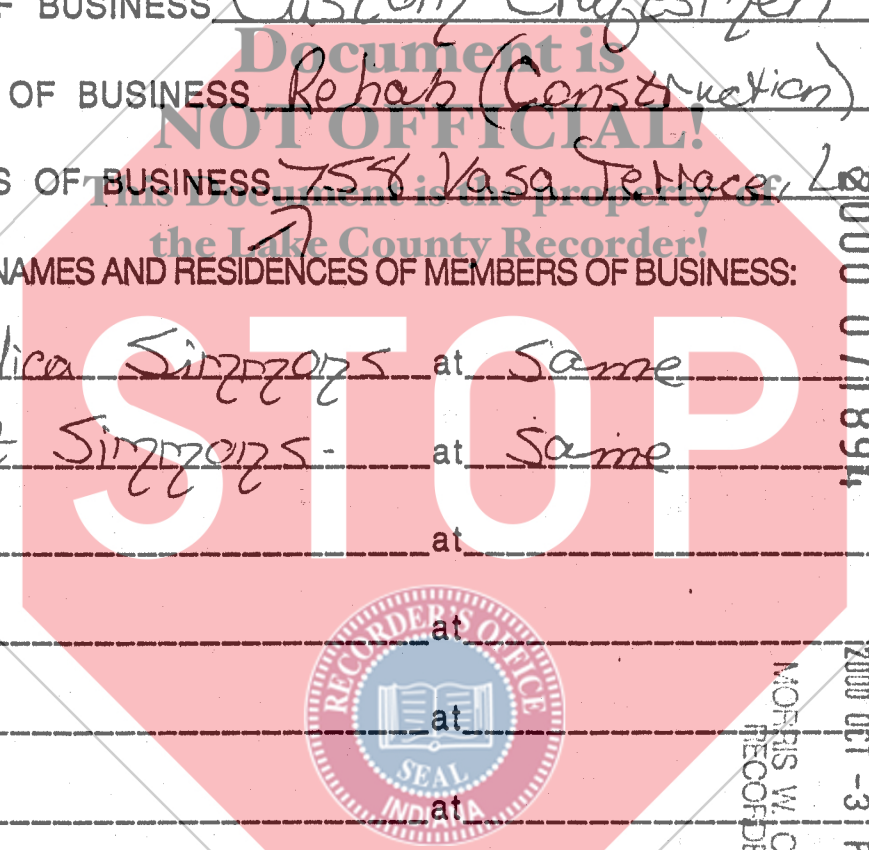
Angelica Simmons
Member's Signature

Angelica Simmons
Printed Name

Owner
Capacity

Filed on 10-3-2000

M. W. Carter
Recorder



0000 071894

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 OCT -3 PM 1:03
MORRIS W. CARTER
RECORDER

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