

CERTIFICATE OF ASSUMED  
2002 018827 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 LAKE

NAME OF BUSINESS LAKESHORE MESSAGE Therapy

NATURE OF BUSINESS Massage Therapist

ADDRESS OF BUSINESS 1220 Cass St Gary Ind. 46403

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

LINDA D. JONES at 1220 Cass St Gary Ind 46403

Document is  
NOT OFFICIAL!

This Document is the property of  
the Lake County Recorder!

STOP

FORM PREPARED BY:

Linda Jones Member's Signature      LINDA JONES Printed Name      Owner Capacity

Filed on 2/21/02, \_\_\_\_\_ Recorder

g-  
H.T.  
CS