

# 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 Lyke

NAME OF BUSINESS SKIPPERS Pizza

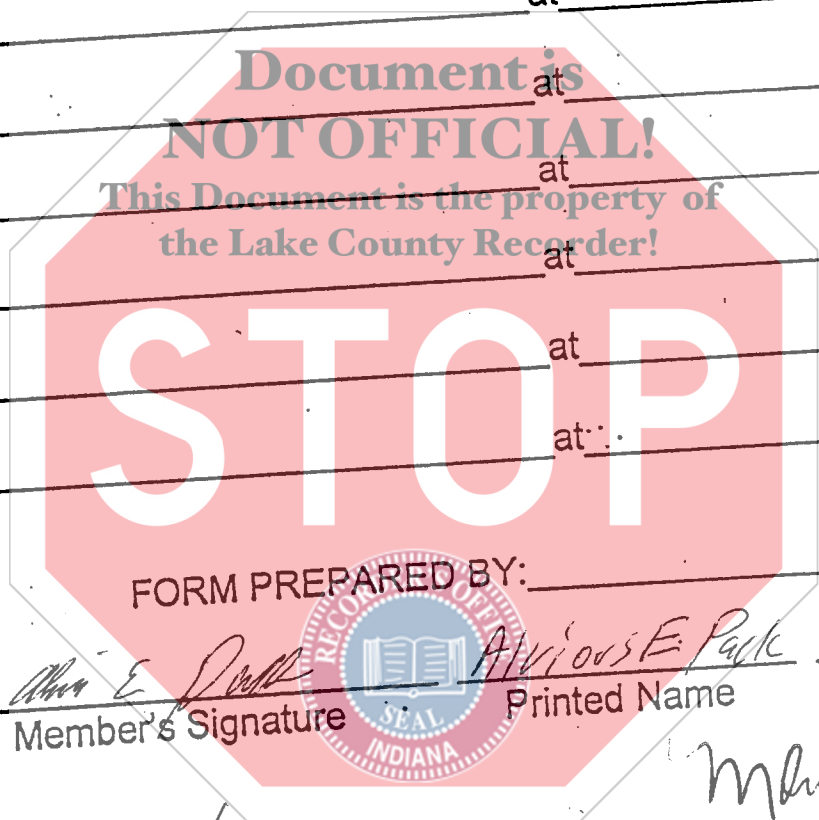
NATURE OF BUSINESS Restaurant

ADDRESS OF BUSINESS 11217 Whiteford St Crawfordsville

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_

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FORM PREPARED BY: \_\_\_\_\_

Alvion E. Pack  
Member's Signature

Alvion E. Pack  
Printed Name

100  
Capacity

Filed on 4/10, 2002

Mark W. Carter  
Recorder

9.00  
CS