

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 LAKE

NAME OF BUSINESS LB's Glove & Company

NATURE OF BUSINESS Thermal Heat Gloves

ADDRESS OF BUSINESS 4969 Madison Street

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

Letivella D. Rottle at 4969 Madison St

_____ at _____

_____ at _____

_____ at _____

_____ at _____

_____ at _____

FORM PREPARED BY:

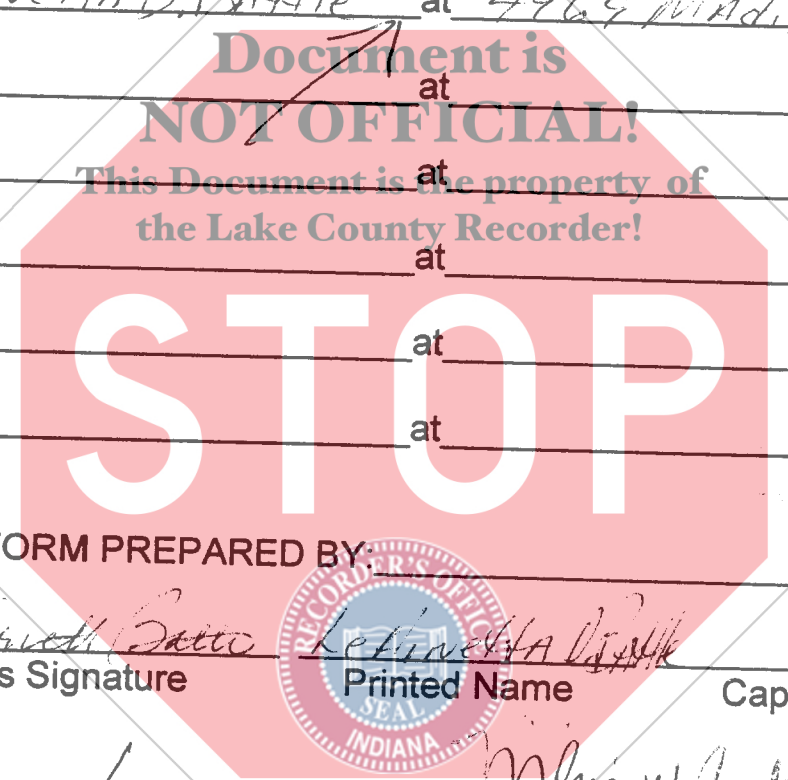
Letivella D. Rottle
Member's Signature



Letivella D. Rottle
Printed Name

Capacity

Filed on 5/13, 02, Mark W. Carter, Recorder



2002 04-15-22
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