CERTIFICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), firms, or partnerships engaged in business under a name other than their own (DBA)

	•
STATE OF INDIANA, COUNTY OF	20
Robert Alace	0.
NAME OF BUSINESS: Dabe L 1 lace	
KIND OF BUSINESS: Restaurant And Bar.	3268
PLACE OF BUSINESS: 24041 La Clarke dr. 40 Box	179
Schneider DW. 4/1874	
PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PAR	TNERSHIP:
- Ginger Antierson at 33809 forms Lave Schneider	JO 11376
John Anderson at 5214 w 1213+ ave crownfoint	
Josh Anderson at 14941 N 450 W Wilheatfix	eld In The
at Document is	
NOT OFFICIAL!	
This Document is the property of	
the Lake County Recorder!	
I hereby certify that I have personal knowledge of the facts stated above	and that each
of them are true.	
Whitten Signature Printed Name Capacity	of Signer
Whitten Signature Printed Name Capacity	or oigner
FORM PREPARED BY:)
	er e
IF THIS FORM HAS BEEN FAXED TO YOU, IT MUST BE COPIE!	ONTO
REGULAR PAPER BEFORE FILING. THE COMPLETED FORM MUST	
THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN	
PLACE OF BUSINESS OR OFFICE IS LOCATED.	•
Filed on april 22 ,2004. Mhi W. C.	Recorder &
The state of the s	