## CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorships, associations, or general partnersl Engaged in business under a name other than their own (DBA)	() () () ()
STATE OF INDIANA, COUNTY LAKE	4 NO
NAME OF BUSINESS TROY'S LAWN CARE	50
NATURE OF BUSINESS (ANDSCAPE	
ADDRESS OF BUSINESS PO BOX 1823 MERRIUVILLE, A	THE USAN
PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS	
TROY STOVER DOCUMET POBOX 11823 MERRILLY	<u>Ille, 17</u> 46411
NOT OF MICIAL!	
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FORM PREPARED BY:	
Member's Signature Printed Name Canacity	
Printed Name Capacity	***************************************
Filed on May 21, 2001 Mm W. Cutu Reco	order

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