



CERTIFICATE OF ASSUMED BUSINESS NAME (All Entities)

State Form 30353 (R11 / 1-03)
State Board of Accounts Approved 2002

FILED
TODD ROKIA
SECRETARY OF STATE
CORPORATIONS DIVISION
601 W. Washington St., Rm. EQ18
Indianapolis, IN 46204
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INSTRUCTIONS:

Use an 8 1/2" x 11" sheet of white paper for attachments.
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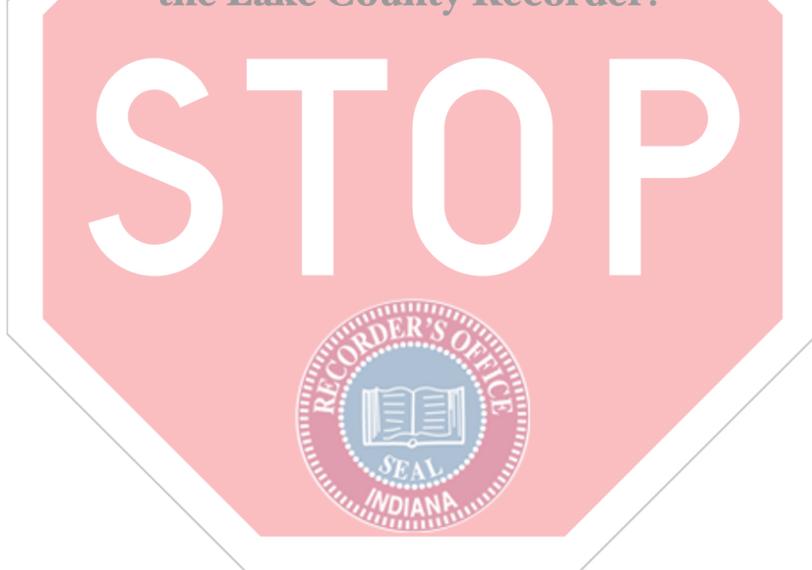
FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00
Not-For-Profit Corporation \$26.00

1. Name of entity <i>Emily D. Edwards</i>	2. Date of incorporation / admission / organization <i>11/1/04</i>
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) <i>1312 N. Wood St. Apt 1A</i>	
City, state and ZIP code <i>Griffith IN 46319</i>	
4. Assumed business name(s) <i>Genoa Services</i>	
5. Principal office address of the entity (street address) <i>1312 N. Wood St. Apt 1A</i>	
City, state and ZIP code <i>Griffith IN 46319</i>	
6. Signature of officer or other authorized party <i>Emily D. Edwards</i>	7. Printed name and title <i>Emily D. Edwards, owner</i>
This instrument was prepared by: <i>Emily D. Edwards</i>	

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