

**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 D/B/A/Community Service Center of N.C.F.S.

NATURE OF BUSINESS National College Funding Services

ADDRESS OF BUSINESS 7144 Carolina Ave - Hammond, IN 46323

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

→ Maria Yost at 7144 Carolina Ave - Hammond, IN 46323

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

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

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

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

FORM PREPARED BY: Maria Yost

Maria Yost  
Member's Signature

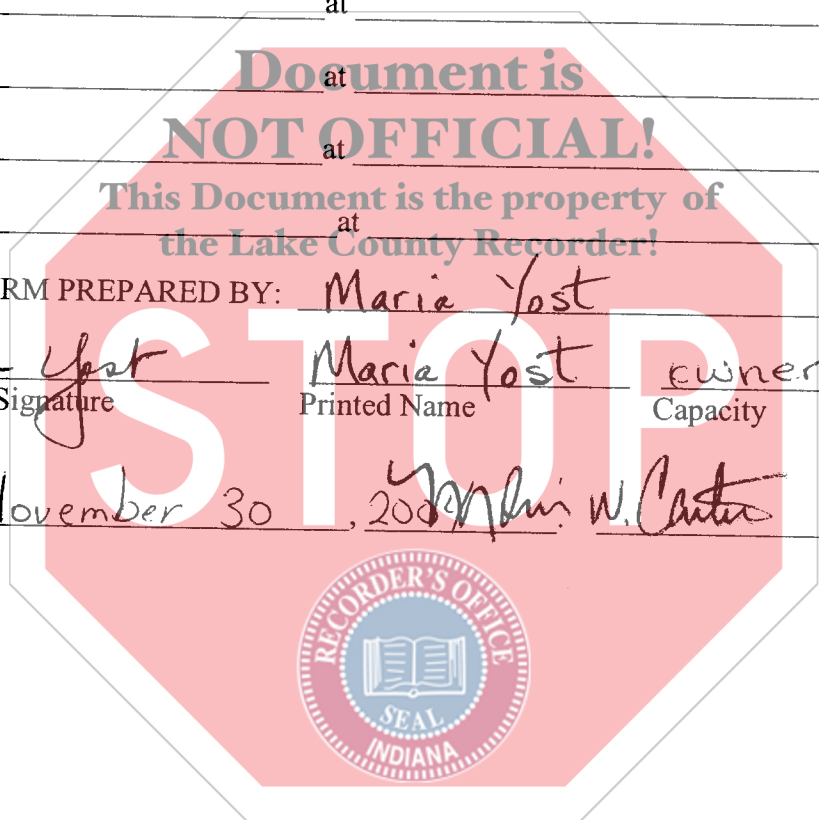
Maria Yost  
Printed Name

owner  
Capacity

Filed on November 30, 2004

Morris W. Carter

,Recorder



2004 100687

MORRIS W. CARTER  
RECORDER

2004 NOV 30 PM 3:55

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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