



**CERTIFICATE OF ASSUMED BUSINESS NAME  
(All Entities)**

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

TODD ROKITA  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

**INSTRUCTIONS:**

Use an 8 1/2" x 11" sheet of white paper for attachments.  
Present original and one (1) copy to address in upper right corner of this form.  
Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

**FILING FEES PER CERTIFICATE:**

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

1. Name of entity <b>fabricare Professional Cleaners</b>		2. Date of incorporation / admission / organization <b>1-15-2005</b>	
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) <b>1825 Calumet Ave</b>			
City, state and ZIP code <b>Whiting Indiana 46394</b>		<b>2005 007207</b>	
4. Assumed business name(s) <b>Catalino Osorio</b>			
DBA <b>fabricare Professional Cleaners</b>			
5. Principal office address of the entity (street address) <b>1825 Calumet Ave</b>			
City, state and ZIP code <b>Whiting In. 46394</b>			
6. Signature of officer or other authorized party <b>x Catalino Osorio</b>		7. Printed name and title <b>Catalino Osorio</b>	
This instrument was prepared by:			

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