



CERTIFICATE OF ASSUMED BUSINESS NAME 8 9

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

2005 HAR - SECRETARY OF STATE CORPORATIONS DIVISION 302 W. Washington St., Rm. E018 Indianapolis, IN 46204
Telephone: (317) 232-6576

MICHAEL RECC

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.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00

Not-For-Profit Corporation

\$26.00

2. Date of incorporation / admission / organization

Full View, Inc.

3. Address at which the entitiv will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 04/01/04

108 W. Commercial Ave

Lowell, IN 46356

C21DESTINY

5. Principal office address of the entity (street address)

108 W. Commercial Ave.

City, state and ZIP code

Lowell, IN 46356
6. Signature of officer or other authorized party

7. Printed name and title

Bruce R. Young

This instrument was prepared by:

Judy Henning cument is the property of

the Lake County Recorder!