

CERTIFICATE OF ASSUMED BUSINESS NAME

2005 045048

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 Relief IN MASSAGE

NATURE OF BUSINESS Clinical Massage Therapy

ADDRESS OF BUSINESS 3515 Fir East Chicago, IN 46312

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

April Jordan at 4230 Ivy Street apt 2F East Chicago, IN 46322

Marilyn Jordan at 3515 Fir St E. CHICAGO, IN 46312

at _____
at _____
at _____
at _____

FORM PREPARED BY: Owner

Marilyn Jordan
Member's Signature

Marilyn Jordan
Printed Name

Capacity

Filed on 6-2-05, Michael A Brown, Recorder

9:07
CS pm

