

STATE OF INDIANA)
COUNTY OF LAKE) ss:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 FEB -1 10:16

MICHAEL A. BROWN
RECORDER

2006 007827

CERTIFICATE OF ASSUMED NAME

This certifies that MIGUEL ARRIAGA
is/are doing business in the County of Lake, State of Indiana,
under the name and style of MIGUEL'S AUTO REPAIR

That the principal office thereof is located at: 4608 Tod Avenue., East Chicago, Indiana, 46312

and that the name and residences of each and every person(s)
engaging in said business or having an interest therein are
as follow, To wit:

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder
MIGUEL ARRIAGA
1043 Mulberry Street
Hammond, Indiana, 46324
D.O.B. 09-28-71

and that this certificate is filed with the Recorder of Lake
County, Indiana, in pursuance of Burns 50-201:IC 1971-6-4-1.

IN WITNESS WHEREOF, I set my hand and seal the
Twenty Five day(s) of January
20 06

Respectfully submitted,

Miguel Arriaga
Miguel Arriaga
I.D. 949-78-6153
Tel. (219) 398-9770

THIS INSTRUMENT WAS PREPARED BY:

GENERAL ACCOUNTING & ADMINISTRATIVE SERVICES
6425 Tennessee Avenue Hammond, Indiana, 46323
Tel. (219) 845-4492 I.D. 35-1609686

FILED WITH: LAKE COUNTY RECORDER
2293 N. Main Street
Crown Point, Indiana, 46307

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Prescribed by the
State Board of Accounts
(2005)

County form 170

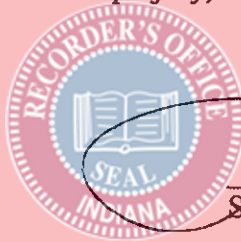
Declaration


This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.




Signature of Declarant

Francisco Rivas T. CPA.
Printed Name of Declarant