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STATE OF INDIANA)
COUNTY OF LAKE) ss:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 009048

2006 FEB -6 AM 8:43

MICHAEL A BROWN
RECORDER

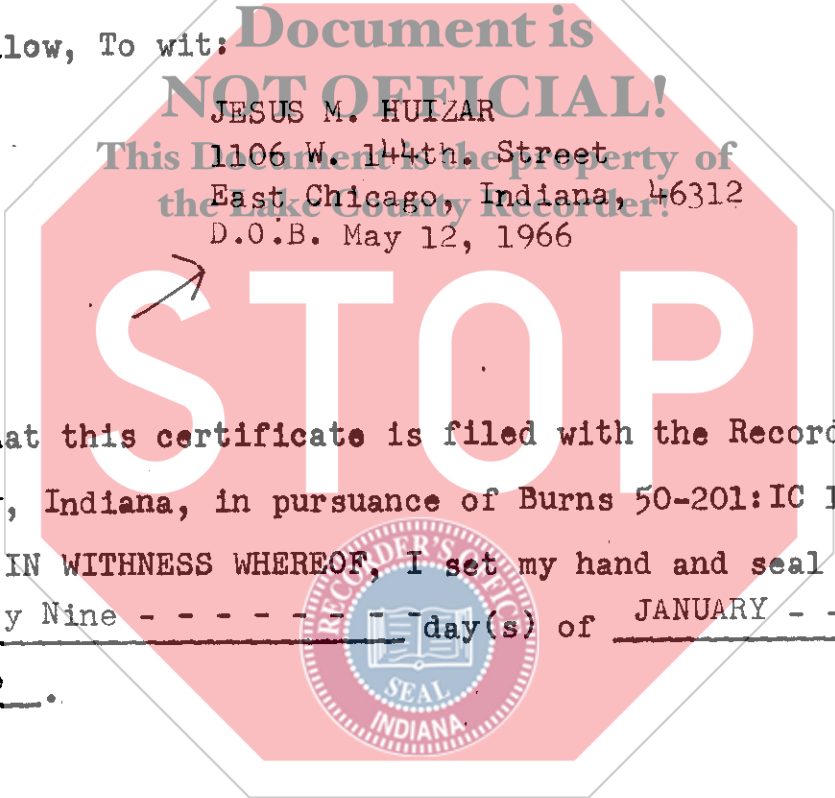
CERTIFICATE OF ASSUMED NAME

This certifies that ----- MR. JESUS M. HUIZAR -----
is/are doing business in the County of Lake, State of Indiana,
under the name and style of Wishing Well Pancake House -----

That the principal office thereof is located at: -----
713 West Chicago 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:

JESUS M. HUIZAR
1106 W. 114th. Street
East Chicago, Indiana, 46312
D.O.B. May 12, 1966



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 Nine ----- day(s) of JANUARY -----
20 06 .

Respectfully submitted,

JESUS M Huizar
Jesus M. Huizar (owner)
Tel. (219) 378-1753

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

1200
MO 095161
[Signature]

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

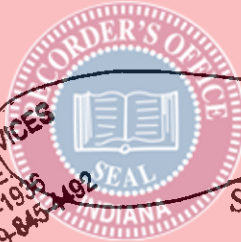
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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.

GRAL. ACC. & ADMIVE. SERVICES
8425 TENNESSEE AVE
HAMMOND, IN 46323-1936
ID 35-1608688 TEL. 219-845-1492



Signature of Declarant

Francisco Rivas T. CPA.
Printed Name of Declarant
6425 Tennessee Avenue
Hammond, Indiana, 46323-1936