

2006 010248

2006 FEB -8 AM 11:22

MICHAEL A. BROWN
RECORDER

Certificate of Assumed Business Name

To be used by persons who are establishing (sole proprietorships, associations, or general partnerships), and are engaged in a business under a name other than their own.

State of Indiana, County LAKE

Name of Business PAMPER'D By US

Nature of Business MOBIL SPA SALON

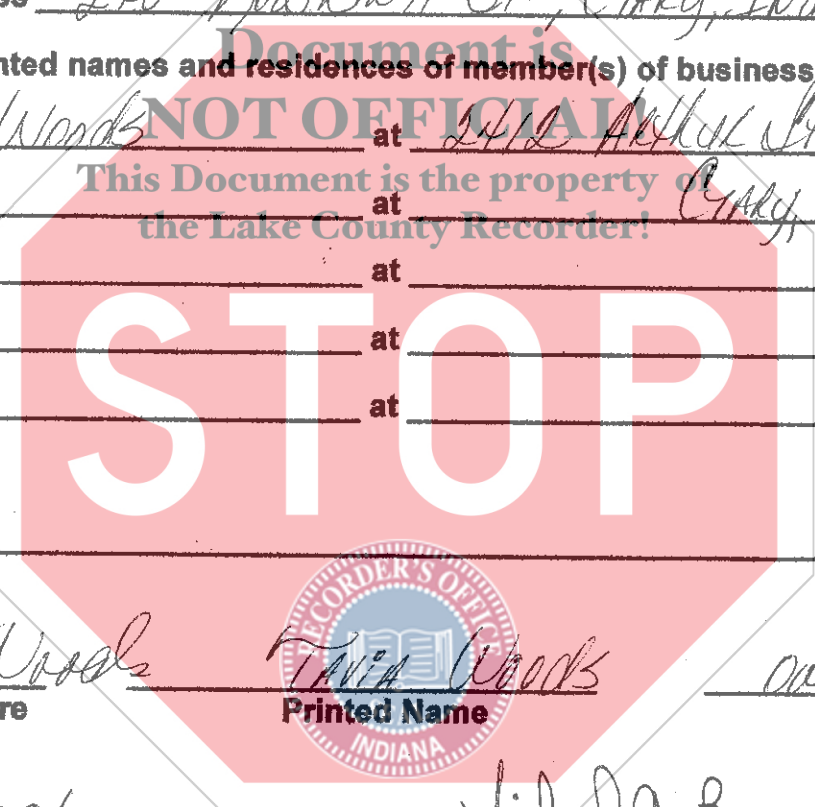
Address of Business 240 HORNER H ST, CARY, INDIANA 46404

Printed names and residences of member(s) of business:

TAVIA Woods at 2412 ARKON ST #107

CARY, IN. 46404

This Document is the property of the Lake County Recorder!



Form prepared by: _____

Tavia Woods

Members's Signature

TAVIA Woods

Printed Name

OWNER

Capacity

Filed on 2-8-2006

Michael A Brown

Recorder

HaeChfDep/7/09/05

11-
EP
CS

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.



Tavia Woods
Signature of Declarant

TAVIA Woods
Printed Name of Declarant