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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 011188

2006 FEB 10 PM 3:47

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 Helping Hands Publications

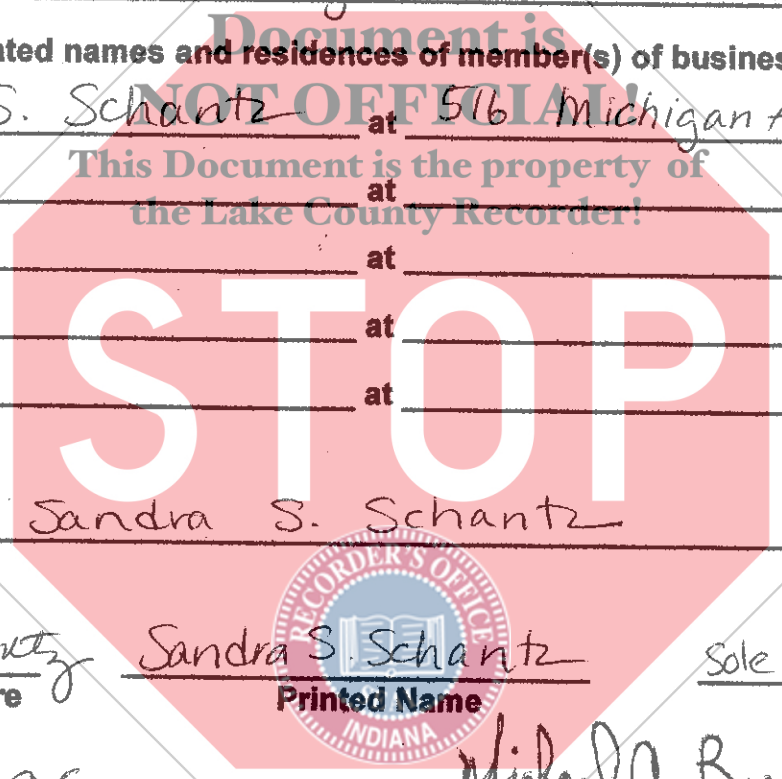
Nature of Business Health Care publications, teaching, training

Address of Business 516 Michigan Ave Lowell, IN 46356

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

→ Sandra S. Schantz at 516 Michigan Ave Lowell IN 46356

at _____
at _____
at _____
at _____
at _____



Form prepared by: Sandra S. Schantz

Sandra S. Schantz
Members's Signature

Sandra S. Schantz
Printed Name

Sole proprietor
Capacity

Filed on 2-10-06

Michael A Brown, Recorder
HaeChfDep/7/09/05

\$11
CS
CAW

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.



Sandra S. Schantz
Signature of Declarant

Sandra S. Schantz
Printed Name of Declarant