## 2

## CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships)

engaged in business under a name other than their own (DBA)
STATE OF INDIANA, COUNTY OF LAKE
NAME OF BUSINESS: BOUNCIN ABOUT INFLATABLE PARTY JUMPERS
NATURE OF BUSINESS: RENTAL of PARTY SUPPLIES
ADDRESS OF BUSINESS: 8583 Sheffield Ave, Dier Ind. 840311
PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:
LARRY WENDEUSKI at 8583 Sheffield AVE. DIER 46311
LARRY WISINEWSKI at 8583 Sheffield Ave. DIER 46311  BRENDA WEDWIEWSKI at 8583 Sheffield Ave. DIER 46311  BRENDA WEDWIEWSKI at 8583 Sheffield Ave. DIER 46311
Document is
NOT OFFICIAL!
FORM PREPARED BY: MANUAL MANUA
$\mathbb{C}$
SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.
Townshipmed. LARRY Writinguski owner / Lec
Member's Signature Printed Name Capacity
Subscribed and sworn to before me, thisday of, 20
County of Residence
Signature of Notary/Recorder Printed Name County of Residence
(Notaries only) my commission expires
Filed on 13th Feb., 2006. Mukay 1 Margader

Prescribed by the State Board of Accounts (2005)

County form 170

## Declaration

## Document is

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 herby 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

Printed Name of Declarant