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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 011668

2006 FEB 13 PM 3:32

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 MAGIC CURL HAIR DESIGN

Nature of Business MAGIC CURL HAIR DESIGN

→ Address of Business 1545 TULLOCH STREET H. BROS IN 46392

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

Lynn M. Remz at 645 H. BROS TRACE SCHERAVILLE IN 46375

Lori Ward at 132 NORTH BRYAN H. BROS IN 46392

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

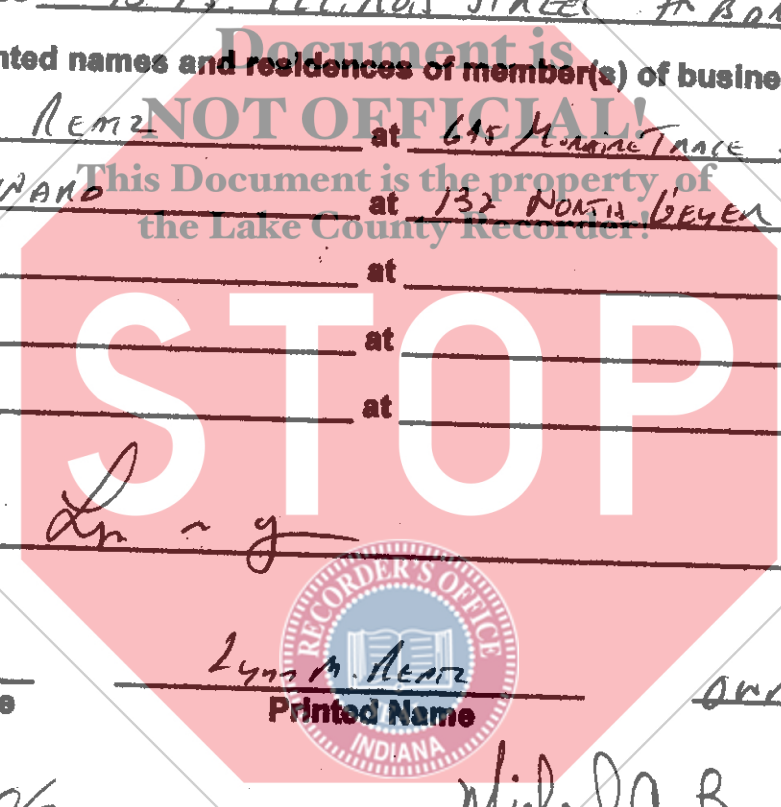
Form prepared by: Lynn M. Remz

Lynn M. Remz  
Members's Signature

Lynn M. Remz  
Printed Name

OWNER  
Capacity

Filed on 2-13-06, Michael A Brown, Recorder  
HacCh/Dep/7/09/05



CS  
11.22  
2006

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

Lynn M. Rente  
Printed Name of Declarant