

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 012414

2006 FEB 15 AM 11:42

MICHAEL A. BROWN  
RECORDER

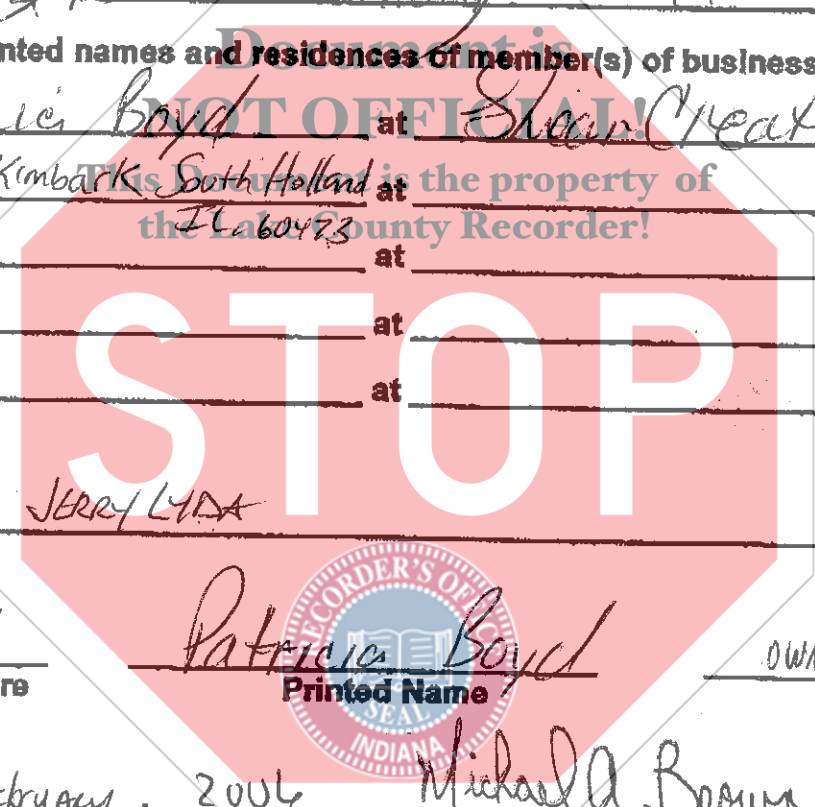
### Certificate of Assumed Business Name

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 Shear Creations Beauty Salon  
Nature of Business Beauty Salon  
Address of Business 1340 Broadway Gary, In. 46404

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

Patricia Boyd at Shear Creations  
16412 Kimbark South Holland at IL 60473  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_



Form prepared by: JERRY LYDA

Patricia Boyd Patricia Boyd OWNER  
Members's Signature Printed Name Capacity

Filed on 15<sup>th</sup> February, 2006, Michael A Brown, Recorder  
HacChfDep/7/09/05

11-  
9/SS

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.



*Patricia Boyd*  
Signature of Declarant

Patricia Boyd  
Printed Name of Declarant