

2006 015165

2006 FEB 27 AM 9:46

### 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 COUNTY

→ Name of Business SLUGFEST

Nature of Business BASEBALL + SOFTBALL ACADEMY

→ Address of Business 1420 E. 89TH AVE BULD. B WHEEVILLE, IN 46410

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

WESLEY CHAMBERLAIN at 18727 ROYAL RD. HOMERWOOD, IL 60430

MELVINA CHAMBERLAIN at 18727 ROYAL RD. HOMERWOOD, IL 60430

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

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

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

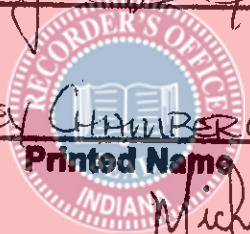
Form prepared by:

*Wesley Chamberlain*

*Wesley Chamberlain*  
Members's Signature

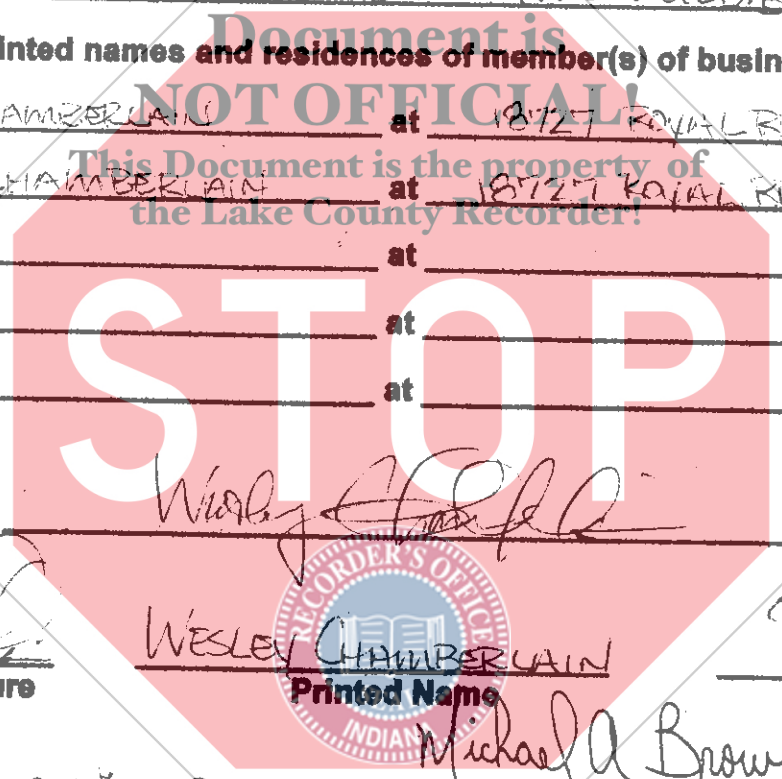
WESLEY CHAMBERLAIN  
Printed Name

OWNER  
INC.  
Capacity



Filed on February 27<sup>th</sup>, 2006, \_\_\_\_\_, Recorder

1103  
CS  
B



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

WESLEY CHAMBERLAIN  
Printed Name of Declarant