

2006 019288

2006 MAR -8 PM 1:50

MICHAEL A. BROWN
RECORDER

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: Great Minds

NATURE OF BUSINESS: Center for Learning

ADDRESS OF BUSINESS: 912 West 59th Circle, Merrillville, IN 46410

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

→ Horace E. Grant, Sr. at 912 West 59th Circle, Merrillville, IN 46410

at _____

at _____

at _____

FORM PREPARED BY: Daniela Balan, Legalzoom.com, Inc.

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

[Signature] Horace E. Grant, Sr. Owner

Member's Signature Printed Name Capacity

Subscribed and shown to before me, this 30th day of January 2006.

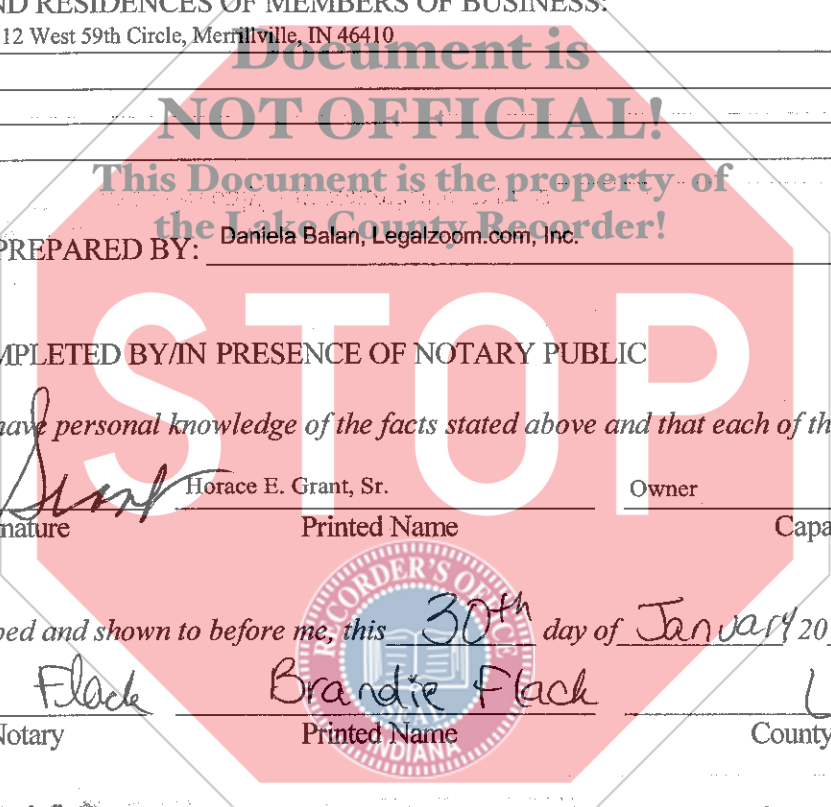
Brandie Flack Brandie Flack Lake

Signature of Notary Printed Name County of Residence

BRANDIE FLACK
 NOTARY PUBLIC, Lake County, Indiana
 My Commission Expires June 5, 2011 (Notaries only) my commission expires June 5, 2011
 Resident of Lake County, Indiana

Filed on 3-8-06, 2006, Recorder

Michael A Brown 11⁰⁰
 CK# 68498 Cam



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

Jennifer Sung

Printed Name of Declarant