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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 020765

2006 MAR 13 AM 11:03

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 AK DISTRIBUTING, INC.

Nature of Business Distributing

Address of Business 2518 E 61st Pl. Hobart IN 46342

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

→ ABDALKAREEM DARAGHMA at 2518 E 61st Pl. Hobart IN 46342

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

Form prepared by: A. Daraghma

[Signature]  
Members's Signature

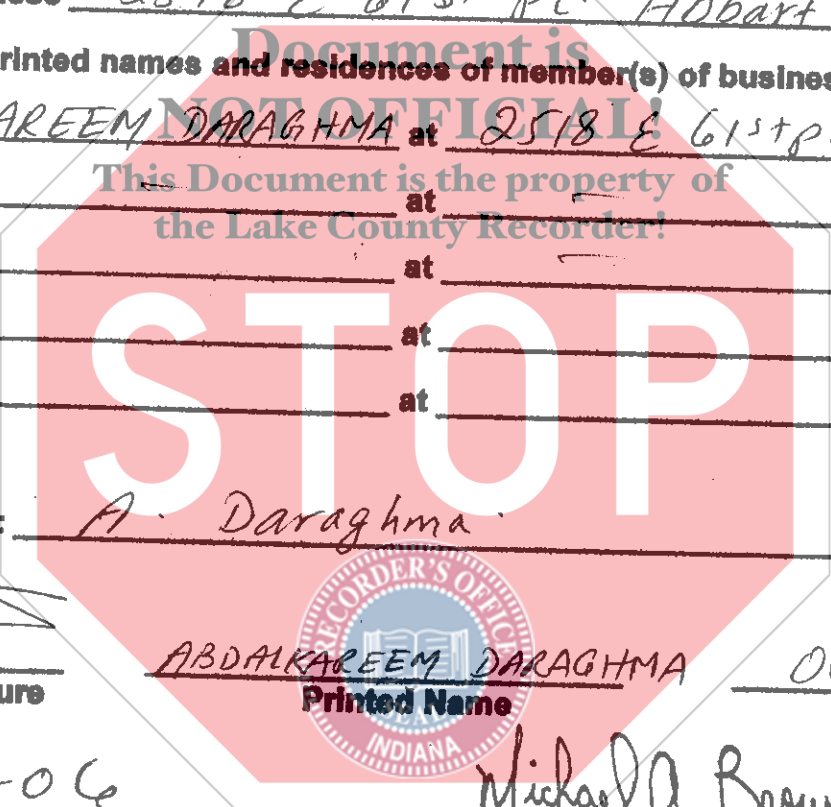
ABDALKAREEM DARAGHMA  
Printed Name

OWNER.  
Capacity

Filed on 3-13-06

Michael A Brown, Recorder

\$11  
CS  
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.



*[Handwritten Signature]*

Signature of Declarant

ABDALKAREEM DARAGHMA  
Printed Name of Declarant