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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 LAKE

NAME OF BUSINESS ARMOR SECURITY FORCES

NATURE OF BUSINESS Security

ADDRESS OF BUSINESS 709 W 44 PL GARY IND 46408

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:



BRYANT C. JENKINS at 709 W 44 PL GARY IND 46408

NICOLE JENKINS at 709 W 44 PL GARY IND 46408

_____ at _____

_____ at _____

_____ at _____

_____ at _____

FORM PREPARED BY: BRYANT C JENKINS

Bryant C Jenkins
Member's Signature

BRYANT C JENKINS President
Printed Name Capacity

Filed on 8-17-06, Michael A Brown, Recorder

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