

CIRTFIFICATE 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 CONSULTING / TRAINING BUSINESS

NATURE OF BUSINESS TRAINING

ADDRESS OF BUSINESS P.O. BOX 2675 HAMMOND, IN 47378-0267 ←

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

C. E. McVade at 4737 Euclyde Ave, Ee

_____ at _____

_____ at _____

_____ at _____

_____ at _____

_____ at _____

FORM PREPARED BY: C. E. McVade

C. E. McVade
Member's Signature

C. E. McVade
Printed Name

RECORDER
Capacity

Filed on 12-20-07

Michael A Brown Recorder

2007 099594

2007 DEC 20 AM 10:00
MICHAEL A. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

\$12

CS

CRA