

2008 061929

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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 Emergency Home Care

NATURE OF BUSINESS Home Care, Maid Services, Caregivers

ADDRESS OF BUSINESS 8045 Pine Island Ct Apt B72
Crown Point 46307

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

→ Keli S Sada at 8045 Pine Island Ct - B-72
Crown Point 46307

Antonio E. Gonzalez at 8045 Pine Island Ct - B-72

Amanda Gonzalez at 8045 Pine Island Ct. B-72

_____ at _____

FORM PREPARED BY: Keli S. Sada

<u>Keli S Sada</u>	<u>Keli S. Sada</u>	<u>Owner</u>
Member's Signature	Printed Name	Capacity

Filed on Sept 3, 08, Michael A Brown, Recorder

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CS
PB