

2009 021567

2009 APR -3 PM 1:21

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 The Traveling Therapist

Nature of Business Massage Therapy / Therapeutic Massage

Address of Business 3729 Jackson Street, Gary, IN

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

Libra Smith at 1729 Jackson Street, Gary, IN 46606

____ at _____
____ at _____
____ at _____
____ at _____

Form prepared by: Libra Smith

Libra Smith
Members's Signature

Libra Smith
Printed Name

Owner
Capacity

Filed on 4-3-09, _____, Recorder

Michael A Brown

\$11
CS
CA

