2009 034315 209 MAY 21 PM 2: 44

MICHAEL A. BROWN RECORDER

## **Certificate of Assumed Business Name**

general partnerships), a own.	and are establishing (sole proprietorships, and are engaged in a business under a name	associations, o other than thei
State of Indiana, County	LAKE COUNTY	
Name of Business//	EW HOS 1200 FINANCAL SERV	iles
Nature of Business	HOME MOGRAPHES	
Address of Business	350 Worldoth PHACE, MESSI	Ikille In.
Printed n	ames and residences of member(s) of business	. 46410
AEUGENE/N	histogenent is the poliperty of 3 mg	ALE MESS. TO
	the Lake County Recorder!	
	at	
	at	
	at	
Form prepared by:	UBENE Al Milson	
0 111		
2/ Nalson	EUGENE Allasison Ou	111126
Members's Signature		Capacity Capacity
Filed on My 21	_, 2009. Michael a Brown	, Recorder
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