## **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 OF Lake
NAME OF BUSINESS: Chill Factor Cooling & Heating
NATURE OF BUSINESS: Air Conditioning & Heating (Installation/Repair), and Sheet Metal Fabrication
ADDRESS OF BUSINESS: 406 North Lake Street, Gary, IN 46403
PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:
Wayne Walker 406 North Lake Street, Gary, IN 46403
at
at
at TORRICIALL FOR
SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY RUBERCOR OR COUNTY RECORDER  I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.  Wayne Walker  Owner  Member's Signature  Printed Name  Capacity  Subscribed and sworn to before me, this day of August, 2001.
Signature of Notary/Recorder Printed Name County of Residence
(Notaries only) my commission expires $9-21-09$
FORM PREPARED BY: Sheila Dang, Legalzoom.com, Inc.
affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in is document, unless required by law <u>யிஷ்டி யில்கிக்க</u> . Wavhe Walker
Official Seal SALLY REMPIS Resident of Lake County, IN My commission expires September 21, 2009

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