

2009 081071

2009 DEC -7 PM 2:39

MICHAEL A. BROWN  
RECORDER

# 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 Westco<sup>WAW</sup> Enterprises Enterprise

NATURE OF BUSINESS Health

ADDRESS OF BUSINESS 2145 W. 415th Ave Gary IN 46408

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

→ William A West at 2145 W. 415th Ave Gary IN 46408  
 \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ at \_\_\_\_\_

FORM PREPARED BY William A West

<u>William A West</u>	<u>William A West</u>	<u>Owner</u>
Member's Signature	Printed Name	Capacity

Filed on December 7<sup>th</sup>, 2009 Michael A Brown, Recorder

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