

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 002823

2010 JAN 15 PM 12:41



**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Entities)**

State Form 30353 (R12 / 10-06)

Approved by State Board of Accounts 2002

CAROLYN J. POLLARD
ACTING RECORDER

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

Use an 8 1/2" x 11" sheet of white paper for attachments.

Present original and one (1) copy to address in upper right corner of this form.

Please TYPE or PRINT.

Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE:

**For-Profit Corporation, Limited Liability
Company, Limited Partnership \$30.00**
Not-For-Profit Corporation \$26.00

1. Name of entity GLORIA LIPKOVITCH	2. Date of incorporation / admission / organization
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 6727 NEVADA AVE	
City, state and ZIP code HAMMOND IN 46323	
4. Assumed business name(s) PAMPERED BABIES HOME DAY CARE	
5. Principal office address of the entity (street address) 6727 NEVADA AVE	
City, state and ZIP code HAMMOND IN 46323	
6. Signature of officer or other authorized party <i>Gloria Lipkovitch</i>	7. Printed name and title GLORIA LIPKOVITCH
This instrument was prepared by:	



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