

2010 012238

2010 MAR -8 AM 9:05

MICHELLE S. FAJMAN
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 SEI G PROPERTIES

NATURE OF BUSINESS REAL ESTATE

ADDRESS OF BUSINESS 848 FLOYD ST GART 46403

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

SIDNEY GIVENS at P.O. BOX 64162 GART 46401

at _____

at _____

at _____

FORM PREPARED BY: SIDNEY GIVENS II

Sidney Givens II
Member's Signature

SIDNEY GIVENS II
Printed Name

FOUNDER & OWNER
Capacity

Filed on 3-8-10

Michelle S. Fajman
Recorder



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CS
CR