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## CERTIFICATE OF ASSUME **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 handing 4 Helping Hand
NATURE OF BUSINESS medical transportation
ADDRESS OF BUSINESS 945 Stevenson St Gary 16406
PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:
Charlotte Hunter at 945 Stevenson Gary To 406
Felicia Blount at 945 Stevenson Grany In
Felicia Blount at 945 Stevenson Gary In Shalanda Chearget 945 Stevenson Gary In 46406
at
FORM PREPARED BY: Shalanda Cheaurs
The acris Sholanda Chairs Co-owners
Member's Signature Printed Name Capacity
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