

**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: Air Cares

NATURE OF BUSINESS: Heating, Ventilating, Air Conditioning equipment maintenance and repair

ADDRESS OF BUSINESS: 222 S. Pennsylvania St., Hobart, IN 46342

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

<u>Joseph T. Kalin Jr.</u>	at	<u>222 S. Pennsylvania St., Hobart, IN 46342</u>
	at	
	at	
	at	

2011 025145

2011 MAY -5 AM 9:12

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Document is NOT OFFICIAL!  
the Lake County Recorder!

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

<u>Joseph T. Kalin Jr.</u>	<u>Joseph T. Kalin Jr.</u>	<u>Owner</u>
Member's Signature	Printed Name	Capacity

Subscribed and sworn to before me, this 29 day of April, 2011.

<u>Briana R. Stacks</u>	<u>Briana R. Stacks</u>	<u>Lake</u>
Signature of Notary/Recorder	Printed Name	County of Residence

(Notaries only) my commission expires May 10th 2017

FORM PREPARED BY: Miranda Wideman, Legalzoom.com, Inc.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Joseph T. Kalin Jr.  
Member's Signature

**BRIANA R. STACKS**  
NOTARY PUBLIC - INDIANA  
SEAL  
LAKE COUNTY  
My Commission Expires May 10th 2017

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