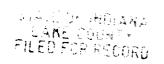
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CERTIFICATE OF ASSUMED BUSINESS NAME (All Entities)

State Form 30353 (R13 / 2-11) Approved by State Board of Accounts, 2002

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.

RECONDENSARIES P. WHITE SECRETARY OF STATE SECRETARY OF STATE
CORPORATIONS DIVISION

302 W. Washington Street, Room E018 Indianapolis, Indiana 46204 Telephone: (317) 232-6576

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability \$30.00

Company, Limited Partnership

Not-For-Profit Corporation

Ulliett R V

\$26.00

1. Name of entity

Lisa Ann Walsh Studios

2. Date of incorporation / admission / organization (month, day, year)

04/01/2011

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)

1744 Oriole Dr

City, state and ZIP code

Munster, Indiana 46321

4. Assumed business name(s)

Document is NOT OFFICIAL!

the Lake County Recorder!

5. Principal office address of the entity (street address)

This Document is the property of

City, state and ZIP code

Munster, Indiana 46321

6. Signature of officer or other authorized party

A K Ireworlack 7. Printed name and title

Lisa A. Drewniak General Partner

This instrument was prepared by: Ronald L. Drewniak

8-15-11

