CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships)
engaged in business under a name other than their own (DBA)

2011 071279

STATE OF INDIANA, COUNTY OF Lake

NAME OF BUSINESS: Corvusangelicus Press

NATURE OF BUSINESS: Publishing Service: Publishing Imprint

ADDRESS OF BUSINESS: 6615 State Line Ave, Hammond, IN 46324

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Heidi Ellis	at	6615 State Line Ave, Hammond, IN 46324
	at	
	at	
	at	

2011 DEC -9 PM 2:06

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STOP

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.

Member's Signature	Heidi Ellis Printed Name	Owner Capacity

Subscribed and sworn to before me, this _____ day of _____, 20___.

Signature of Notary/Recorder	Joel M. Vause Printed Name	Lake County of Residence

(Notaries only) my commission expires Aug. 26, 2017

OFFICIAL SEAL
JOEL VAUSE
NOTARY PUBLIC - INDIANA
LAKE COUNTY
My Comm. Expires Aug. 26, 2017

FORM PREPARED BY: Sandra Bryant, 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 _____.
Heidi Ellis

AMOUNT $ 12.00
CASH _____ CHARGE _____
CHECK # 0000062314
OVERAGE _____
COPY _____
NON-COM ✓
CLERK 133