CERTIFICATE OF ASSUMED BUSINESS NAME

			etorships, associations, ss under a name other t	or general partnerships) han their own (DBA)	201
	STATE OF	INDI	ANA, COUNTY OF L	ake	
NA	/IE OF BUSINESS:	amm	ers Sports		
NA TURE OF BUSINESS: Internet sales (including independent sales on an auction site)					
AD)RESS OF BUSINESS: 9090 West 156th Ave., Lowell, IN 46356					
PR NTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:					
Fel	xx F. Foxx	at 9	090 West 156th Ave., Lov	vell, IN 46356	201
		at			
		at			
$\overline{\Box}$		at	Document	is	
<u> </u>	1	NO	TOFFICI	AL!	<u>.</u>
SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC the OR COUNTY RECORDER let! I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.					
7	elepsot tops	_	Felexx F. Foxx	Owner	
M	ember's Signature		Printed Name	Capacity	
Subscribed and sworn to before me, this 27 day of 20 , 20					
Ale Sig	nature of Notary/Reco	h _	MAICAR TO BAX Printed Name	TO LAKE	
oig	1			County of Residence	ce .
(Notaries only) my commission expires 5 - 2 - 1					
F ORM PREPARED BY: Vania Akda, Legalzoom.com, Inc.					
affirn , under the penalties for perjury, that I have taken reasonable care to redact each Social					
Securi y number in this document, unless required by law <u>felence</u> f. foft . Felexx F. FoxxAMOUNT \$					
-	·			CASH	CHARGE
	FFICIAL SEAL			CHECK #_	00000 64592
WARG NOTAL	VRET D. BAXTER A PUSLIC - BELIANA			OVERAGE_	
	AKE COUNTY Expires May 22, 2015			COPY	
يفكن				NON-COM	
				CLERK	R_N