## **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	20
NAME OF BUSINESS: WolfeStone Services	_23
NATURE OF BUSINESS: Janitorial and Building Maintenance	<b>B</b>
ADDRESS OF BUSINESS: 2935 Riverwalk St., Lake Station, IN 46405	<del>-</del>
PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:	<del>u</del>
Brian L. Tobeck at PO Box 5463, Lake Station, IN 46405	
at	
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Nat TOFFICIAL!	
This Document is the property of	
SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PU OR COUNTY RECORDER	BLIC G
I hereby certify that I have personal knowledge of the facts stated above and that each	မ္း ef them
are true.	i oi them
Brian L. Tobeck Owner	
Member's Signature Printed Name Capacity	
Subscribed and sworn to before me, this 21 day of JUNE, 20 12	c
Signature of Notary/Recorder Printed Name County of Reside	
(Notaries only) my commission expires $5 - 33/20$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VI NOIAN ALLEY	
FORM PREPARED BY: Sheila Dang, Legalzoom.com, Inc.	
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Security number in this document, unless required by law	Social
AMOUNT \$ 12 Brian L. Tobeck	
CASH CHARGE CHECK #_ODOO /3 6 022 GH	*******
OVERAGE NOTA	A MENDIA S
NON-COM MY COMMISSION	OF INDIANA N EXPIRES MAY 22, 2020
CLERK	