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MICHELLE R. FURMAN  
RECORDER

# 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 LAKE

→ NAME OF BUSINESS Helping Hands Homecare

NATURE OF BUSINESS NON-medical homecare

ADDRESS OF BUSINESS 4509 W. 10<sup>th</sup> AVE. Gary, IN 46404

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

Frederick Miles at 4509 West 10<sup>th</sup> AVE Gary, IN 46404

Kathleen Barnes at 4509 W. 10<sup>th</sup> AVE. Gary, IN 46404

at \_\_\_\_\_

at \_\_\_\_\_

FORM PREPARED BY: Kathleen Barnes

<u>Frederick Miles</u>	<u>Kathleen Barnes</u>	<u>Frederick Miles</u>	<u>Kathleen Barnes</u>	<u>OWNERS</u>
Member's Signature	Printed Name	Capacity		

Filed on November 1, 2012. Michelle R. Furman, Recorder  
RN

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CS  
RN