CERTIFICATE OF ASSUMED BUSINESS NAME

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

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	STATE OF INDIANA, COUNTY OF Lake	_ ယ			
	NAME OF BUSINESS: Hammond Trailer Services	<u>~</u>	er eg		
	NATURE OF BUSINESS: repairing and replacing parts of trailers	78			
	ADDRESS OF BUSINESS: 19 Industrail Drive, Hammond, IN 46327				
	PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:				
-)	Ever O. Gonzalez at 7520 Old Columbia Street. Hammond, Indiana 46327			₩ e-21	
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	This Document is the property of	ون خت		en grand	
	SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PU OR COUNTY RECORDER				
	I hereby certify that I have personal knowledge of the facts stated above and that each are true.	of the	em		
	Ever O. Gonzalez Owner		}	3	
	Member's Signature Printed Name Capacity	* .	- }	MAR Notar Stat My Commission	
ı	Subscribed and sworn to before me, this <u>06</u> day of <u>F66</u> , 20 <u>B</u> .		}	MARTH, lotary P State o	
(Signature of Notary/Recorder Printed Name County of Reside	nce	- }	A L REY ublic- S f Indian xpires J	
	(Notaries only) my commission expires 01 11/2020	1100	1	ES eal a an 16, 2020	
	FORM PREPARED BY: Imelda Vasquez, Legalzoom.com, Inc.		1	020	
ı	I affirm, under the penalties for perjury, that I have taken reasonable care to reday leach Social				
	Security number in this document, unless required by law				
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