

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

NAME OF BUSINESS: Once Upon A Celebration

NATURE OF BUSINESS: Entertainment - Character Actors, Dance Lessons

ADDRESS OF BUSINESS: 9419 Forrest Dr, highland, IN 46322

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

| | | |
|---------------------|----|--|
| <u>Sarah Miller</u> | at | <u>9419 Forrest Dr, Highland, IN 46322</u> |
| | at | |
| | at | |
| | at | |

Document is NOT OFFICIAL!

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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.

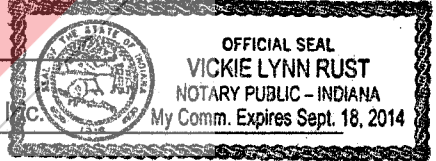
| | | |
|--------------------|---------------------|--------------|
| <u></u> | <u>Sarah Miller</u> | <u>Owner</u> |
| Member's Signature | Printed Name | Capacity |

Subscribed and sworn to before me, this 30th day of Sept, 2013

| | | |
|------------------------------|-------------------------|---------------------|
| <u></u> | <u>Vickie Lynn Rust</u> | <u>LAKE</u> |
| Signature of Notary/Recorder | Printed Name | County of Residence |

(Notaries only) my commission expires _____

FORM PREPARED BY: Sheila Dang, 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 Sarah Miller

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MICHAEL S. BROWN
 RECORDER
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