

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: SIMPLY BLISS

NATURE OF BUSINESS: Service: holistic healing

ADDRESS OF BUSINESS: 7305 Grand blvd Apt 2N, Hobart, IN 46342

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Katrina Jenkins at 7305 Grand blvd Apt 2N, Hobart, IN 46342

[] at []

[] at []

[] at []

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.

Katrina Jenkins Katrina Jenkins Owner
Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this 19 day of NOV, 2013.

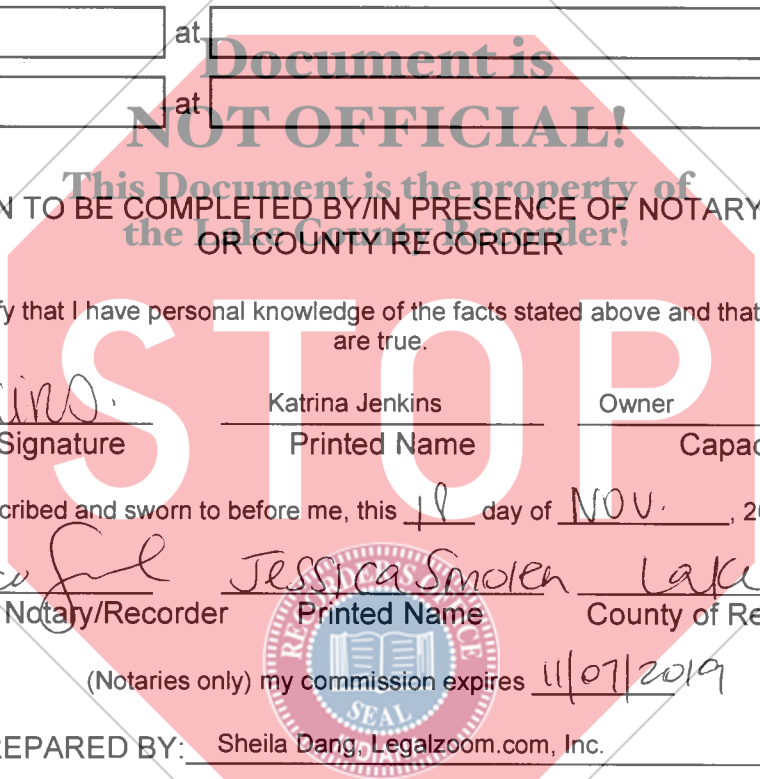
Jessica Smolen Jessica Smolen Lake
Signature of Notary/Recorder Printed Name County of Residence

(Notaries only) my commission expires 11/07/2019

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

Katrina Jenkins
Katrina Jenkins



2013 091490

2013 DEC 16 AM 8:33

MICHAEL D. DOWNS
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

#12

CK#
0000391214

NON
CONF