

CERTIFICATE OF ASSUMED BUSINESS NAME (All Entities)

State Form 30353 (R15 / 7-13) Approved by State Board of Accounts, 2013 Indiana Code 23-15-1-1

CONNIE LAWSON
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington Street, Room E018
Indianapolis, Indiana 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

- 1. Use an 8 1/2" x 11" sheet of white paper for attachments.
- Present original and one (1) copy to address in upper right comer of this form.
 Please TYPE or PRINT.
 Please visit our office on the web at www.sos.in.gov.

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FILING FEES	PER	CERTIFIC	ATE
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For-Profit Corporation, Limited Liability Company, Limited Partnership

\$30.00

Not-For-Profit Corporation

\$26.00

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1. Name of entity	2. Date of incorporation / admission / organization (month, day, year)
Life Skills Thru Golf, Inc.	September 9, 2011
3. Address at which the entity will do business under the assumed name (number and street)	
2355 Clifford Road	
City, state, and ZIP code	0,5
Valparaiso, Indiana 46385	9
4. Assumed business name(s)	
The First Tee of Valparaiso	
Docume	nt is
NOTOFFI	ICIAL!
5. Principal office address of the entity (number and street)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2355 Clifford Road his Document is th	te property of 5
City, state, and ZIP code the Lake County	Recorder!
Valparaiso, Indiana 46383	
	nted name and title
Jodel G. K Prosident	Todd A. Leeth, President
This instrument was prepared by:	
Todd A. Leeth, Hoeppner Wagner & Evans LLP, 103	E. Lincolnway, Valparaiso, IN 46383
I affirm under the penalties of perjury, tha	t I have taken reasonable care to red
each social security number in this document	
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Subscribed and sworn to before me a Notary F	Public in and for said County and Stat
this 20^{3} day of November, 2013.	
	\times \times \times
My Commission Expires:	Kimbulge
	Notary Publid
County of Residence:	Printed: Kimberly S. Werner
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VIMREDI	103 E. Lincolnway
Notary Public	c, State of Indiana P.O. Box 235
decimals 214 at 7 at 7	Valparaiso, IN
	nission Expires 20, 2016

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