



**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

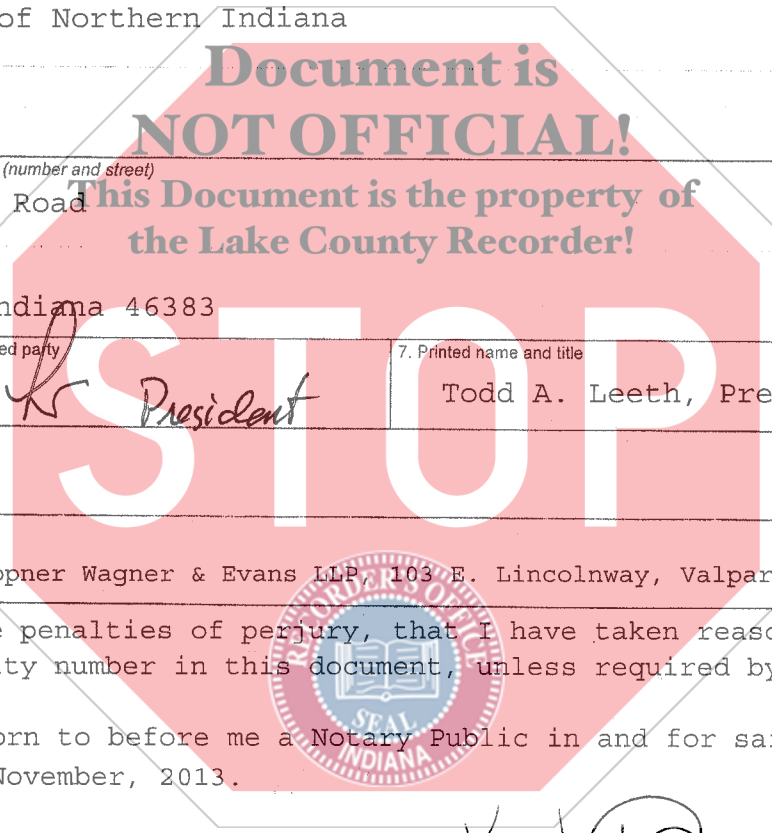
INSTRUCTIONS:

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

FILING FEES PER CERTIFICATE	
For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00

2011 005957

1. Name of entity Life Skills Thru Golf, Inc.	2. Date of incorporation / admission / organization (month, day, year) 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 Valparaiso, Indiana 46385	
4. Assumed business name(s) The First Tee of Northern Indiana	
5. Principal office address of the entity (number and street) 2355 Clifford Road	
City, state, and ZIP code Valparaiso, Indiana 46383	
6. Signature of officer or other authorized party <i>Todd A. Leeth</i>	7. Printed name and title Todd A. Leeth, President



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2014 JAN 30 PM 2:45

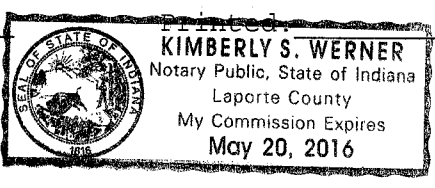
This instrument was prepared by:
Todd A. Leeth, Hoepfner Wagner & Evans LLP, 103 E. Lincolnway, Valparaiso, IN 46383

I affirm under the penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Todd A. Leeth

Subscribed and sworn to before me a Notary Public in and for said County and State this 21st day of November, 2013.

My Commission Expires: _____
Notary Public *Kimberly S. Werner*

County of Residence: _____



MC
12/22
CK # 091753
SP/SS

lc