

CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorship; associations; or general partnerships) engaged in business under a name other their own (DBA)

STATE OF INDIANA, COUNTY OF Lake

NAME OF BUSINESS: U Go Properties

NATURE OF BUSINESS: Property Management

ADDRESS OF BUSINESS: 3635 W. Ridge Rd., Gary, IN

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Mirko Kljajic AT 3635 W. Ridge Rd, Gary, IN
Name Address

____ AT ____
Name Address

____ AT ____
Name Address

____ AT ____
Name Address

FORM PREPARED BY: Mirko Kljajic

SECTION TO BE COMPLETED BY / IN PRESENCE OF NOTARY PUBLIC

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

[Signature] MIRKO KLJAJIC _____
Member's Signature Printed Name Capacity

Subscribe and sworn to before me, this 13th day of August, 2014.

[Signature] Daisy Walls Lake
Signature of Notary Printed Name County of Residence

(Notaries only) my commission expires Jan. 23, 2015

Filed on _____, 20____, Recorder.

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

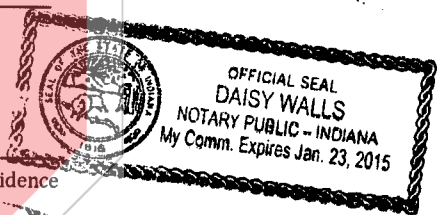
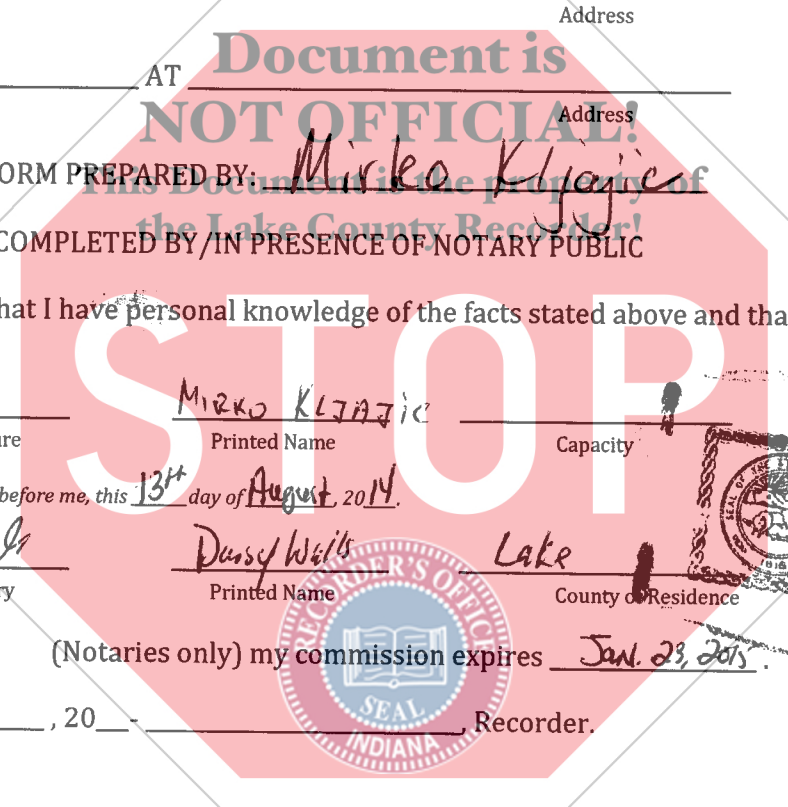
[Signature]

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MICHAEL BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



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