

CERTIFICATE OF ASSUMED BUSINESS NAME

STATE OF INDIANA, COUNTY OF Lake

NAME OF BUSINESS: HOME AND FIELD

NATURE OF BUSINESS: Real Estate Brokerage

ADDRESS OF BUSINESS: 8818 Hillside Dr. St. John IN 46373

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Elizabeth C. Sheeran at 8818 Hillside Dr. St. John, IN 46373

____ at _____
____ at _____
____ at _____

FORM PREPARED BY: Elizabeth C. Sheeran

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.

[Signature] Elizabeth C. Sheeran Owner
Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this _____ day of _____, 20____.

____ Signature of Notary/Recorder Printed Name County of Residence

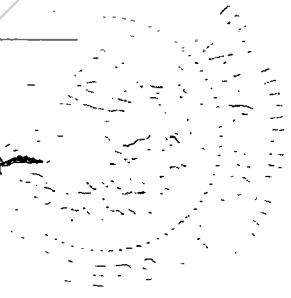
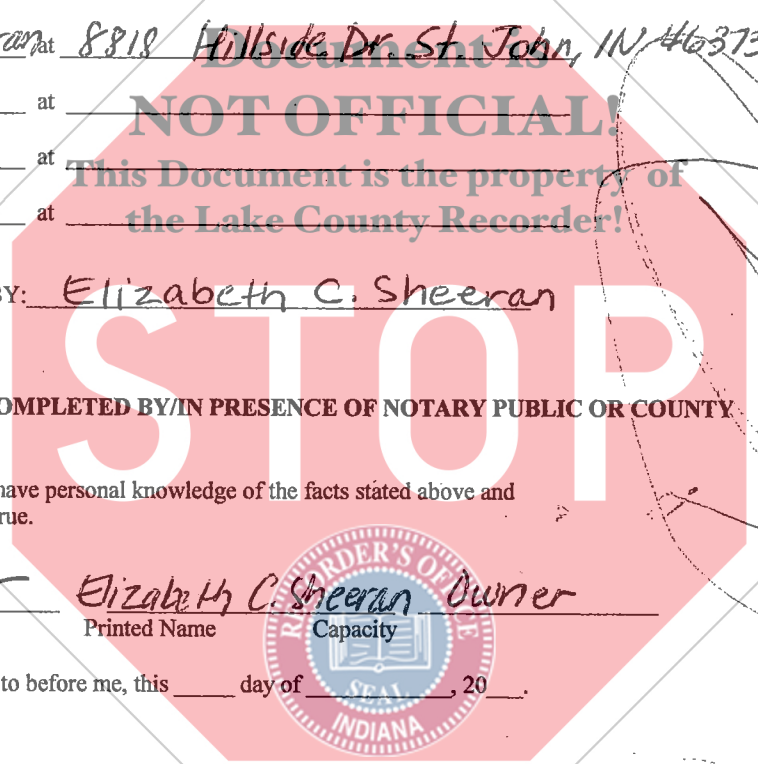
(Notaries only) my commission expires _____

Filed on 4-23-15, 2015 Michael B. Barr Recorder

2015 024619

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 APR 23 PM 4:19
MICHAEL B. BARR
RECORDER



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