

CERTIFICATE OF ASSUMED BUSINESS NAME

FOR Persons (Sole Prorietorships, Associations, or Geneneral Partnerships) Engaged in business under a name other than their own (DBA) STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: RYAN SPANGLER STATE FARM

NATURE OF BUSINESS: INSURANCE

ADDRESS OF BUSINESS: 10572 MAINE DRIVE, CROWN POINT, IN 46307

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

RYAN A. SPANGLER at 10572 MAINE DRIVE, CROWN POINT, IN 46307

at _____
at _____
at _____

FORM PREPARED BY: _____

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.

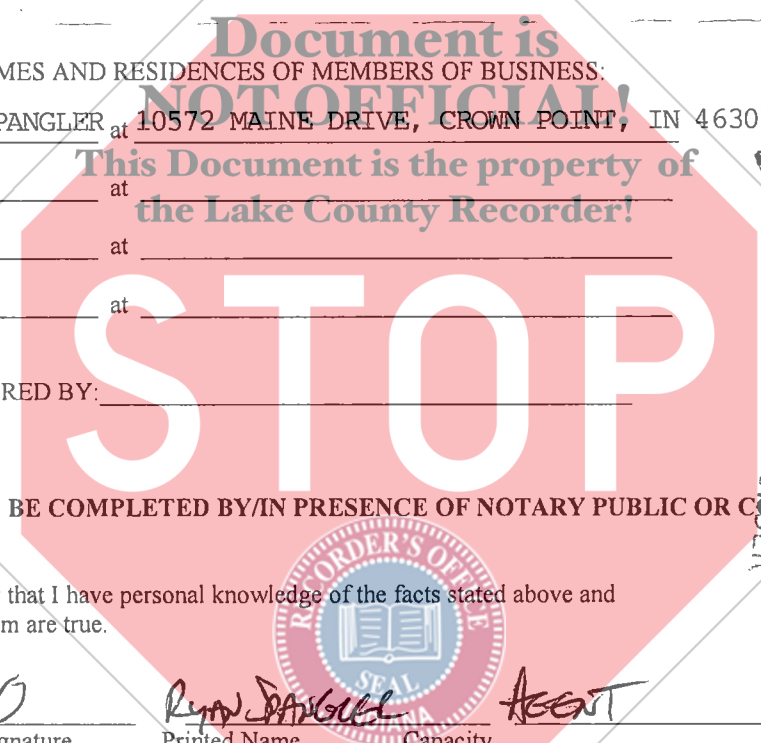
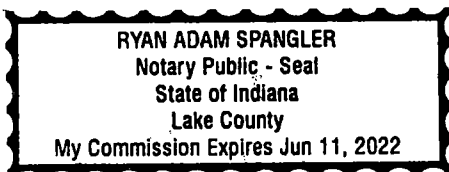
[Signature] Ryan Spangler AGENT
Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this 25 day of March, 2015

[Signature] Ryan Spangler LAKE
Signature of Notary/Recorder Printed Name County of Residence

(Notaries only) my commission expires 6/11/22

Filed on _____, 20____, Recorder



2015 024932

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 APR 27 AM 8:59
MICHAEL B. BIRNBAUM
RECORDER

AMOUNT \$ 12.00
CASH _____ CHARGE _____
CHECK # 1132102
OVERAGE _____
COPY _____
NON-COM _____
CLERK [Signature]

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