

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 083145

2015 DEC 14 AM 9:32

MICHAEL B. BROWN  
RECORDER

# CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorships, associations, or general partnerships)  
Engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY Lake

NAME OF BUSINESS The Fruit of Her Hands

NATURE OF BUSINESS Not Profit

ADDRESS OF BUSINESS 5850 Forest Ct. Apt C114  
Gary, IN 46403

PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:

Shaniqua Robinson at 5850 Forest Ct. Apt C114  
Gary, IN 46403

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

FORM PREPARED BY: Shaniqua Robinson

[Signature]  
Member's Signature

Shaniqua Robinson  
Printed Name

Owner  
Capacity

Filed on 12/14, 15, Michael B. Brown, Recorder

\$11.00  
M-C  
CASH

