

**CERTIFICATE OF ASSUMED BUSINESS NAME**

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

2016 037988

STATE OF INDIANA, COUNTY OF Lake

NAME OF BUSINESS: McKinnie Trucking Services

NATURE OF BUSINESS: Transportation

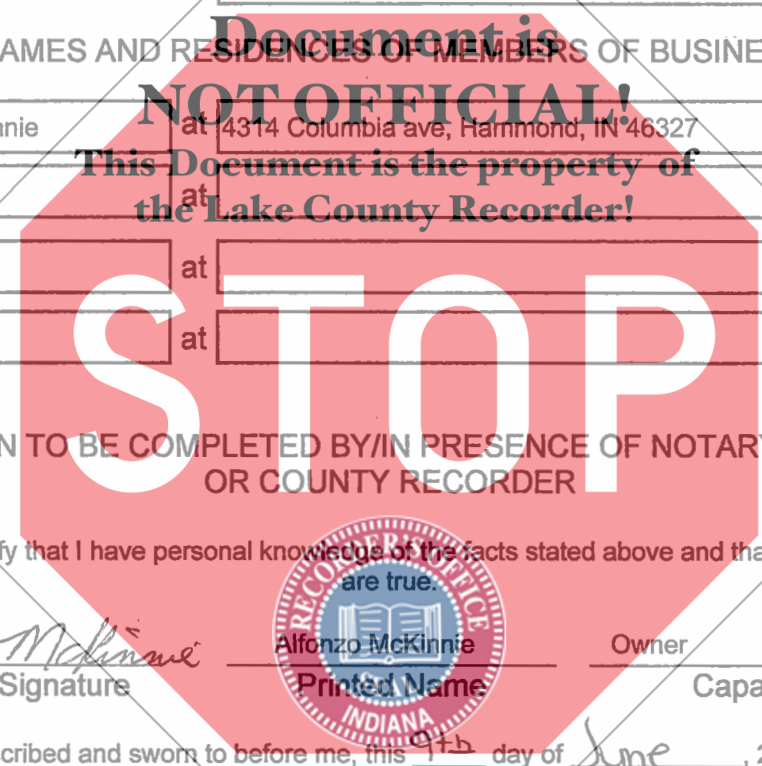
ADDRESS OF BUSINESS: 4314 Columbia ave, Hammond, IN 46327

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Alfonzo McKinnie	at 4314 Columbia ave, Hammond, IN 46327	MICHAEL B. BROWN RECORDER
	at	
	at	
	at	

2016 JUN 20 AM 10:26

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



**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.

*Alfonzo McKinnie*      Alfonzo McKinnie      Owner  
Member's Signature      Printed Name      Capacity

Subscribed and sworn to before me, this 9th day of June, 2016

*[Signature]*      Lamesia Kawanna Lake  
Signature of Notary/Recorder      Printed Name      County of Residence

(Notaries only) my commission expires 01/24/2021

FORM PREPARED BY: Cheyenne Moseley, LegalZoom.com, Inc.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law *Alfonzo McKinnie*

Alfonzo McKinnie

AMOUNT \$ 12-

CASH \_\_\_\_\_ CHARGE \_\_\_\_\_

CHECK # 0000 82159

OVERAGE \_\_\_\_\_

COPY \_\_\_\_\_

NON-COM

CLERK *CAF*

