

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: BSJOT Consulting

NATURE OF BUSINESS: Consulting Business

ADDRESS OF BUSINESS: 617 Merrittville Rd. Crown Point, IN 46307

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

Julie Bieszczat AT 1735 S. Feather Book Dr. Crown Point, IN 46307
Name Address

Name Address

Name Address

Name Address

FORM PREPARED BY: _____

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.

Julie Bieszczat
Member's Signature

Julie Bieszczat Proprietor
Printed Name Capacity

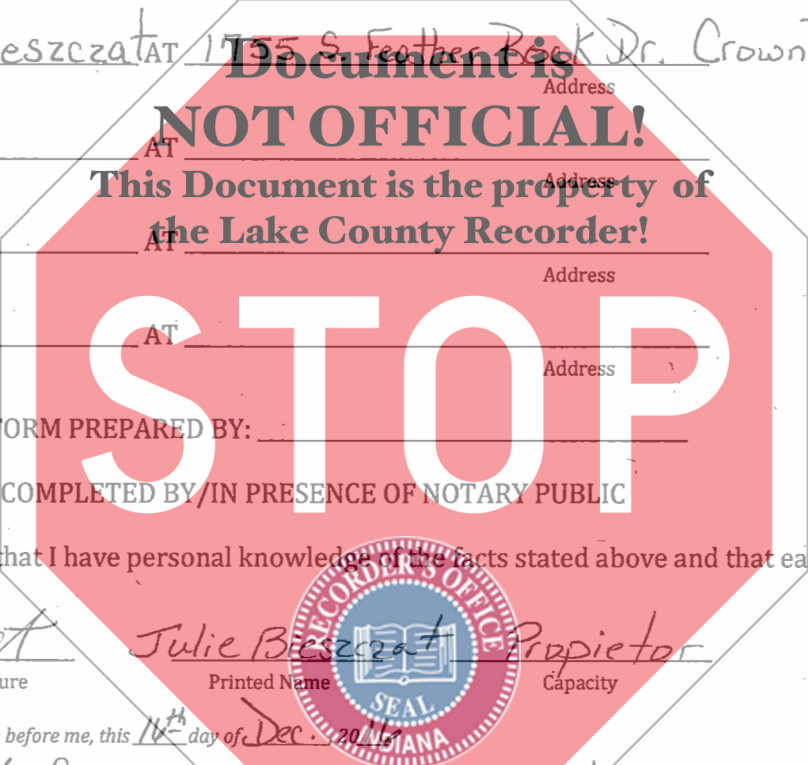
Subscribe and sworn to before me, this 16th day of Dec. 2017

Faye A. Sepke
Signature of Notary

Faye A. Sepke Lake
Printed Name County of Residence

(Notaries only) my commission expires _____

Filed on _____, 20____ - _____, Recorder.



2017 FEB 10 AM 10:32
MICHAEL B. BRADY
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FAYE A SEPKA
NOTARY PUBLIC
SEAL
STATE OF INDIANA
LAKE COUNTY
My Comm Expires October 26, 2017

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]

non
con
cash \$12.00
JAS