2017 019367

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 MAR 24 PM 1: 04

MICHAEL B. BROWN RECORDER

CERTIFICATE OF ASSUMED BUSINESS NAME

	For persons (sole propr <mark>ietorships, associations, or general partnerships) Engaged in business under a name other than their own (DBA)</mark>	
	STATE DECINDANAS CO UNITYETE OF &	
	NAME OF BUSINESS Healing Hand'S Consultant Company	1 S
	NATURE OF BUSINESS. Home Health-Nursing	
	ADDRESS OF BUSINESS 5509 Buchanan St. Merrillville, IN	/
	PRINTED NAMES AND RESIDENCES OF MEMBER OF BUSINESS:	1
	Amanda Peters at 3004 Buchanan St. Merrilly, lle,	
À	40	4
	at	
	at	
	FORM PREPARED BY: Amanda Peters	
	Amanda Peters Dwner	
	Member's Signature Printed Name Capacity	
	Filed on Much 24, 20 Michael B. Brown, Recorder CS	



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER 2293 NORTH MAIN STREET CROWN POINT, INDIANA 46307

MICHAEL B. BROWN

Recorder



PHONE (219) 755-3730 FAX (219) 755-3257

Verification of Assumed Business Name

Name of Business Healing Hands Consultari	+ Bnf	any
Computer Check Date Date		<i>J</i>
Card File Check Doct Datent is the property of		•
Name being used: No Yes	9	
Similar Name being used: Yes /No	_	 -
Name of Business	20 T	FILSTA
Document # for Amendment	MAR 24 HAELO	EDE OF
Reason for Change	RD P	R RECO
DAY	0	
Employee Signature	. <u> </u>	_
Customer Signature		_
Customer Printed Name		

Customer performed their own search and results are entirely up to the individual. Our office is here to assist the customer.

Please note that our office does not certify the accuracy of this document and do not consent to the reliance by any party on this or any information provided by the Lake County Recorder. You may also contact the Secretary of State Office in Indianapolis for further clarification.