

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Name of Business Conrad Consulting

Kind of Business Human Resources and Training and Development facilitation and consulting

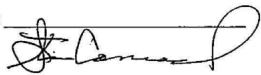
Address of Business 8695 Manor House Drive, Saint John, IN 46373

NAMES & RESIDENCES OF MEMBERS OF BUSINESS:

Steven Dirk Conrad Resides at 8695 Manor House Drive, Saint John, IN 46373

Resides at _____

Resides at _____



Signature of Member

Steven Dirk Conrad

Print Member's Name

STATE OF _____

SS:

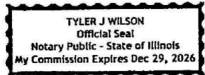
COUNTY OF _____

I hereby acknowledge Steven Dirk Conrad, personally appeared before me a

Notary Public, this 29th day of September, 2023.

My Commission Expires December 29, 2026

County of Residence Cook



Tyler J. Wilson
Notary Public - Signature

Tyler J. Wilson
Notary Public - Printed Name

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: Brian Johnston Print Name

This instrument was prepared by: Swyft Filings - Brian Johnston

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