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BUSINESS NAME

CERTIFICATE OF PARTNERSHIP

STATE OF INDIANA

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This Certifies, That the undersigned, JAMES T. PAVES, conducting and transacting business at HAMMOND, in the County of LAKE

and State of Indiana, under the name and style of DIRECT MAIL ADVERTISERS

that the office thereof located at P.O. Box 133, Hammond in the State of INDIANA and that the name and residence of each and every person engaged in said business or having an interest therein are as follows, to wit:

NAME	RESIDENCE
JAMES T. PAVES	146 STATE ST. Hammond Ind.



LAKE COUNTY FILED FOR RECORD

FEB 13 2 04 PM '70

ANDREW J. HIGGINS RECORDER

WITNESS hand and seal this 13 day of Feb 1970

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THIS INSTRUMENT PREPARED BY [Signature]