

809773

Bank of Ind.
P.O. Box 10129
Marengo, Ind.

CERTIFICATE OF PERSONS
OPERATING UNDER ASSUMED NAME

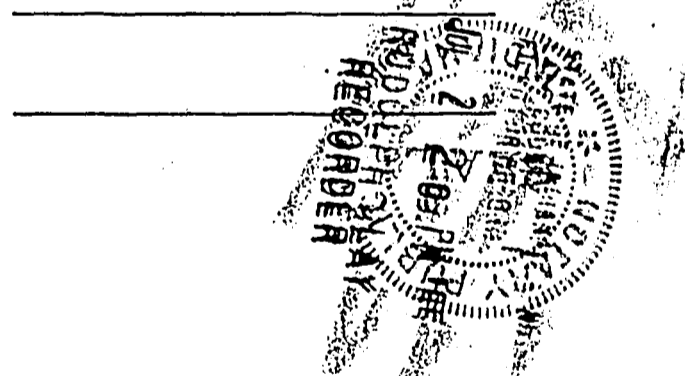
STATE OF INDIANA)
(SS:
COUNTY OF _____)

THIS CERTIFIES that the Undersigned is conducting and
transacting business under the name of AIRFRESH OXYGEN AND EQUIPMENT COMPANY
a sole proprietorship;
that the principal office thereof is located at 3290 Grant Street,
Gary, Indiana 46408,
and that the name and residence of each and every person engaged in
said business or having an interest therein is as follows, to-wit:

Mary B. Crawford
4706 Goodrich Rd.,
Valparaiso, Indiana 46383

WITNESS my/our hand(s) and seal(s) this 20th day of June,
1985.

Mary B. Crawford
Mary B. Crawford



STATE OF INDIANA)
(SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, on
this 20th day of June, 1985, personally appeared
Mary B. Crawford

WITNESS my hand and official seal.

My Commission Expires:
Lake
Resident of _____ County

Vernell Smith
Vernell Smith Notary Public

VERNELL SMITH
Notary Public, Lake Co., IN
My Comm. Expires Nov. 11, 1985

This Instrument Prepared By: Mary B. Crawford

460