830327

Edwin J. Simcox Secretary of State of Indiana 155 State House Indianapolis, Indiana 46204 317-232-6576

INSTRUCTIONS:

Corporations Only

This certificate must first be recorded in the office of the County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State.

Fee for filing with the Secretary of State:

\$20.00

or

\$26.00 (if a certificate issued by the Secretary of State is desired)

CERTIFICATE OF ASSUMED BUSINESS NAME

1. Name of the Corporation TRANS	SMISSION CITY, INC.	
2. Date of Incorporation/Admission	NOVEMBER 7,1985	
3. Principal Office Address of the Co	rporation 11903 Forestview,	Palos Park, Til.
4. Assumed Business Name Moran's To	ransmission America	
5. Address at which the Corporation w	ill do business under the assu	med business name
_8740 Indianapolis Blvd., Hi	ghland, Indiana,46322	
Pailin I. Moran	Secretary	RUD RUD
(Written Signature of Officer)	(Title of Officer)	
Cecilia I. Moran		SP TO THE
(Printed Name of Officer)		DE COMPANIE
STATE OF Allinois		70.0
COUNTY OF Cosh	ss: %	
Subscribed and sworn or attested 19_85.	Notary Public y Commission Expires September 7, 1988	E Korsenher
my Notalial Commission Expiles.	ADMIN TO	The second secon
My County of Residence is: Cook		The state of the s
I,	, Recorder of	County,
I,State of Indiana, certify that the for Business Name recorded in my office on	regoing is a true copy of the Control the	ertificate of Assumed, 19
Reported by Ceilei I. Mora State Form 30353A Secretory	Recorder	,
State Form 30353R Secretory		4