

876460

Bank One Trust
P.O. BOX 10129
Merr 46411

CERTIFICATE OF PERSONS
OPERATING UNDER ASSUMED NAME

STATE OF INDIANA)
(SS:
COUNTY OF LAKE)

THIS CERTIFIES that the Undersigned is conducting and
transacting business under the name of Tommy's Detail Shop

that the principal office thereof is located at _____
4021 Broadway Gary, IN

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:

Tommy Moore
394 8Connecticut St.
Gary IN 46408

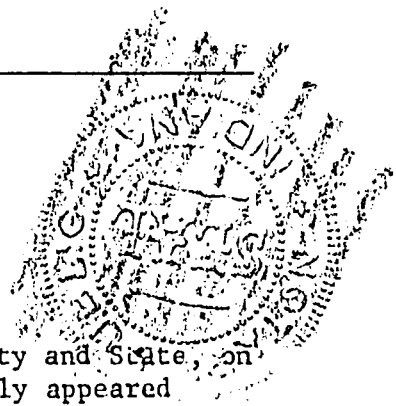
STATE OF INDIANA
LAKE COUNTY
RECORDS & CLERK
SEP 22 1 25 PM '86
RECORDS & CLERK

WITNESS my/our hand(s) and seal(s) this 13th day of September,
1986.

Tommy Moore
Tommy Moore

STATE OF INDIANA)
(SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, on
this 13th day of Sept., 1986, personally appeared
Tommy Moore



WITNESS my hand and official seal.

My Commission Expires:
July 12, 1990
Resident of Lake County

[Signature]
Notary Public

This Instrument Prepared By: Tommy Moore

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