COUNTY OF LAKE

CERTIFICATE OF ASSUMED NAME

This certifies that Dolores M- FREund is/are doing business in the County of Lake, State of Indiana, under the name and style of FIREARMS Un IMITED T that the principal office thereof is located at 935 Chicago St HAHMONd \overline{AN} 46327, and that the name and residence of each and every person engaging in said business of having an interest therein are as follows, to-wit:

Dolores Freund 935 Chiengo St HAMMOND IN 46327

and that this certificate is filed with the Recorder of Lake County, Indiana, in pursuance of I.C. 15-1-1.

I (we) affirm, under the penalties of perjury that the foregoing representation(s) (is) (are) true.

IN WITNESS WHEREOF, I have set my hand and seal this day of

FIREARMS UNIMITED IIBusiness' Name
Walness' M. Freund

This instrument prepared by:

Dolores m. Freund