

BANK ONE
1000 E 80th St
Merrillville, IN 46410

CERTIFICATE OF PERSONS
OPERATING UNDER ASSUMED NAME

996321

STATE OF INDIANA)
(SS:
COUNTY OF LAKE)

THIS CERTIFIES that the Undersigned is conducting and
transacting business under the name of _____

THE MUSIC SELLER

that the principal office thereof is located at _____
205 S. Main Street, Crown Point, IN 46307

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:

David T. Owen
7932 Maple Avenue
Gary, IN

Mitchel H. Hollifield
421 W. Goldsboro Street
Crown Point, IN

WITNESS my/our hand(s) and seal(s) this 2nd day of September,

19 88.
David Owen
David T. Owen

Mitchel H. Hollifield
Mitchel H. Hollifield

STATE OF INDIANA/S. NO.
LAKE COUNTY
FILED FOR RECORD
SEP 8 12 39 PM '88
LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307

STATE OF INDIANA)
(SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and on
this 2nd day of September, 19 88, personally appeared
David T. Owen and Mitchel H. Hollifield

WITNESS my hand and official seal.

My Commission Expires:
5/19/89
Resident of Laake County

Barbara A. Foster
Barbara A. Foster Notary Public



This Instrument Prepared By: Thomas Neuffer
Assistant Cashier

4.00