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093988

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 SCHILLING'S ST. JOHN PARTNERSHIP
d/b/a SCHILLTON HILLS

that the principal office thereof is located at _____
P.O. Box 36, St. John, IN 46373

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:

<u>James J. Schilling</u>	<u>Frank E. Schilling</u>
<u>9001 Patterson</u>	<u>9820 Northcote</u>
<u>St. John, IN 46373</u>	<u>St. John, IN 46373</u>
<u>Richard A. Schilling</u>	
<u>P.O. Box 36</u>	
<u>St. John, IN 46373</u>	

WITNESS my/our hand(s) and seal(s) this 16th day of March

19 90
James J. Schilling
 James J. Schilling
Richard A. Schilling
 Richard A. Schilling



Frank E. Schilling
 Frank E. Schilling

STATE OF INDIANA/S.S. NO.
 LAKE COUNTY
 FILED FOR RECORD
 APR 6 10 05 AM '90
 ROBERT "BOB" FREELAND
 RECORDER

STATE OF INDIANA)
(SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, on
this 16th day of March, 19 90, personally appeared
James J. Schilling, Frank E. Schilling and Richard A. Schilling

WITNESS my hand and official seal.

My Commission Expires:
10-3-90
Resident of Lake County

Jane Homburger
Notary Public

This Instrument Prepared By: James J. Schilling
9001 Patterson, St. John, IN 46373

4.00
CK/E