



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R 5 / 11-88)
Approved by State Board of Accounts 1988

Provided by: JOSEPH HOGSETT
Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46204
(317) 232-6578

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INSTRUCTIONS: (CORPORATIONS ONLY)

This certificate must first be recorded in the office of 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. Indiana Code 23-15-1-1

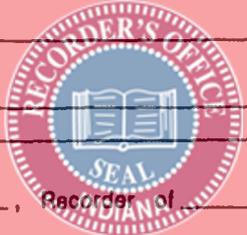
Fee for filing with the Secretary of State: \$30.00, For-Profit Corporations or \$26.00, Not-For-Profit Corporations. A certificate issued by the Secretary of State is an additional \$15.00.

1. Name of Corporation SUR-TOWNSEND PONTIAC, INC.	2. Date of Incorporation / Admission November 16, 1987
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 6300 Broadway, Merrillville, Indiana 46410	
4. Assumed Business Name(s) PAUL SUR PONTIAC	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code) 6300 Broadway, Merrillville, Indiana 46410	
6. Signature <i>Paul J. Sur</i>	Name Printed PAUL J. SUR, President

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

STATE OF INDIANA
COUNTY OF LAKE
Subscribed and sworn of, attested to before me, this 3rd day of April 19 90
Notary Public: *Ronda L. Rixie* RONDA L. RIXIE
My Notarial Commission Expires: July 28, 1990
My County of Residence is: Lake

STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY FILED: _____
APR 9 11 47 AM '90
ROBERT W. COLEMAN
RECORDER



I, _____, Recorder of Lake County, State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the _____ day of _____ 19 90
Recorder Signature

This instrument was prepared by **STEVEN A. KUROWSKI, Atty., 7863 Broadway, Ste. 222, Merrillville, IN 46410**

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4.00
CK/E