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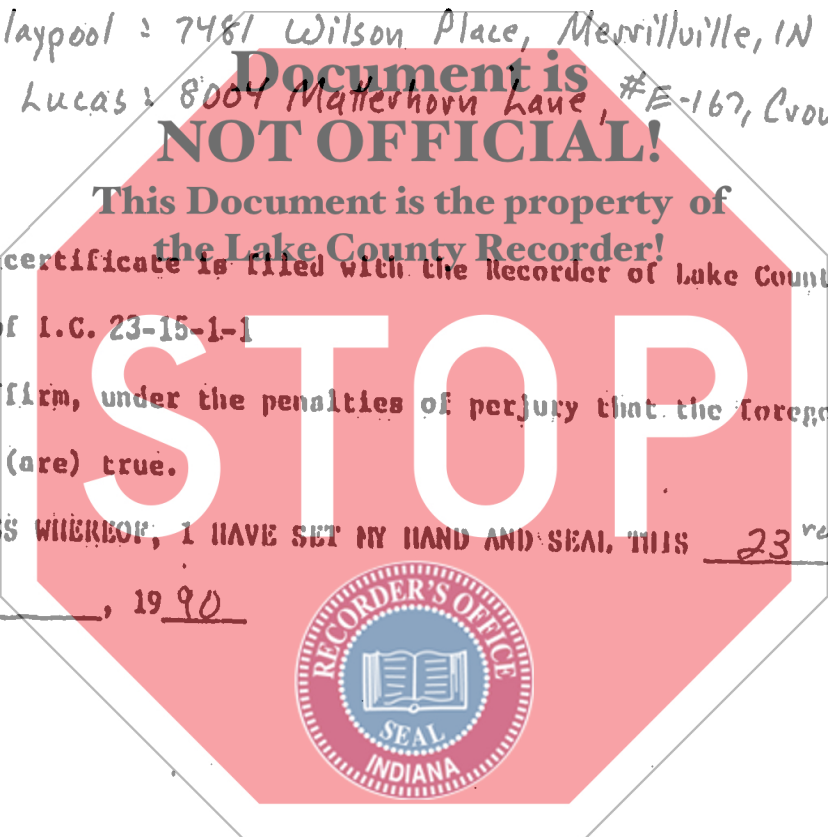
STATE OF INDIANA)

COUNTY OF LAKE )

CERTIFICATE OF ASSUMED NAME

This certifies that JOHN L. CLAYPOOL and Larry W. Lucas  
are doing business in the County of Lake, State of Indiana, under the  
name and style of United Insurance Services  
that the principal office thereof is located at 1653 E. 80<sup>TH</sup> Ave.,  
Suite #200, Merrillville, IN 46410  
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:

John L. Claypool : 7481 Wilson Place, Merrillville, IN 46410  
Larry W. Lucas : 8004 Matherhorn Lane, #E-167, Crown Point, IN 46307



and that this certificate is filed with the Recorder of Lake County, Indiana,  
in pursuance of I.C. 23-15-1-1

I (we) affirm, under the penalties of perjury that the foregoing repre-  
sentation(s) (are) true.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND SEAL, THIS 23<sup>rd</sup> day of  
April, 1990

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILE FOR RECORD  
APR 23 4 23 PM '90  
ROBERT "BOB" FREELAND  
RECORDER

United Insurance Services  
BUSINESS NAME

BY John L. Claypool / Larry W. Lucas

This instrument prepared by: John L. Claypool

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