

140294 **CERTIFICATE OF ASSUMED BUSINESS NAME**

State Form 30353 (R4 / 3-87) Approved by State Board of Accounts 1987 Provided by: **EVAN BAYH** Secretary of State of Indiana 155 State House Indianapolis, Indiana 46204 (317) 232-6576

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 or \$45.00, if a certificate issued by the Secretary of State is desired.	
1.⁵Name of Corporation	2. Date of Incorporation / Admission
AUTO GLASS REPLACEMENTS, INC.	November 21, 1990
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code)	
P.O. Box 122, Cedar Rapids, Iowa 52406	
4. Assumed Business Name(s)	··· •
LANSING AUTO GLASS AND TRIM, INC. 5. Address at which the Corporation will do business under assumed business name (Street	ant City State and ZIP Code)
2209 165th Street, Hammond, Indiana 46323111111	
6. Signature Name F	
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This Document is the	
STATE OF Iowa the Lake County F	Recorder!
SS:	
COUNTY-OF Linn	
Subscribed and sworn or attested to before me, this	day of ovember
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Boury Public Minda O. M. Menue	ER 2
My Notaria Commission Expires:	
My County of Residence is:	ORG TOWN
The state of the s	
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I,, Recorder, of	County,
State of Indiaha, certify that the foregoing is a true copy of the	Certificate of Assumed Business Name recorded in my
office on: the day	01
19:	· · · · · · · · · · · · · · · · · · ·
Recorder Signature	
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This instrument was prepared by	