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STATE OF INDIANA)

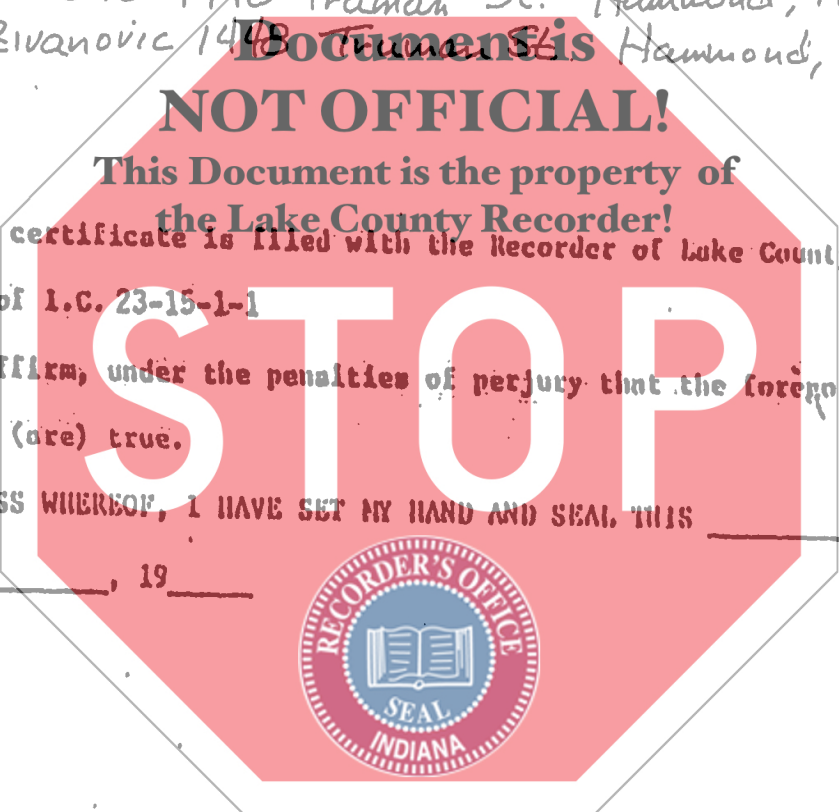
COUNTY OF LAKE)

CERTIFICATE OF ASSUMED NAME

This certifies that Nicholas ; Denise L. Zivanovic
In/are doing business in the County of Lake, State of Indiana, under the
name and style of Action Publications
that the principal office thereof is located at 1448 Truman St.,
Hammond, Indiana 46320

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:

Nicholas Zivanovic 1448 Truman St. Hammond, IN 46320
Denise L. Zivanovic 1448 Truman St. Hammond, IN 46320



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 _____ day of _____, 19 _____

Action Publications
BUSINESS NAME

BY [Signature]

This instrument prepared by: Nicholas Zivanovic

STATE OF INDIANA/S.S. NO. _____
FILED IN REC'D
FEB 25 @ 39 AM '91
ROBERT RECORDER

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