



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4 / 3-87)

Approved by State Board of Accounts 1987

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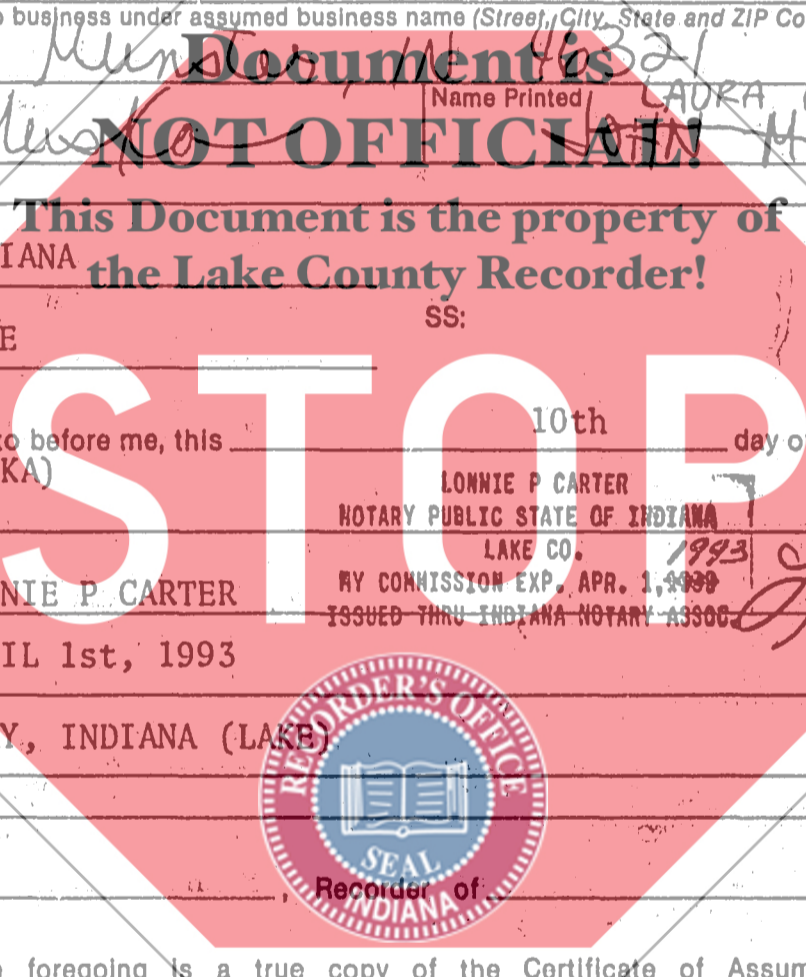
Provided by: **EVAN BAYH**
 Secretary of State of Indiana
 155 State House
 Indianapolis, Indiana 46204
 (317) 232-6576

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. Name of Corporation HLUSKA ENTERPRISES	2. Date of Incorporation / Admission MARCH 13, 1990
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 78700 CALUMET AVE	
4. Assumed Business Name(s) REAPER'S REALM	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code) same	
6. Signature <i>Laura L. Hluska</i>	Name Printed LAURA L. HLUSKA



STATE OF INDIANA

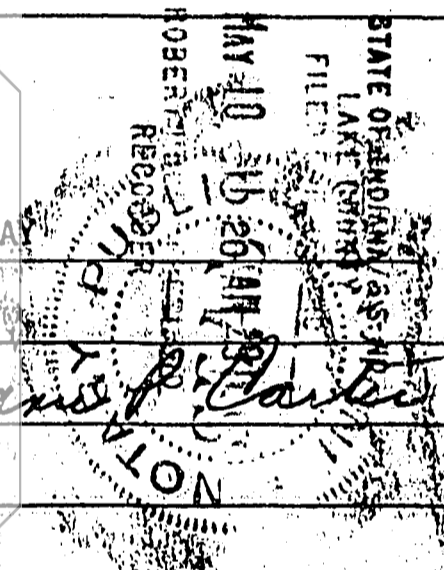
COUNTY OF LAKE

Subscribed and sworn or attested to before me, this 10th day of MAY 1991 (LAURA L. HLUSKA)

Notary Public: LONNIE P. CARTER

My Notarial Commission Expires: APRIL 1st, 1993

My County of Residence is: GARY, INDIANA (LAKE)



I, _____, Recorder of _____ 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____.

Recorder Signature

This instrument was prepared by: *Laura Hluska*

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