



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R 5 / 11-88)

Approved by State Board of Accounts 1988

91027992

Provided by: JOSEPH HOGSETT
 Secretary of State of Indiana
 155 State House
 Indianapolis, Indiana 46204
 (317) 232-6576

INSTRUCTIONS: (CORPORATIONS ONLY)

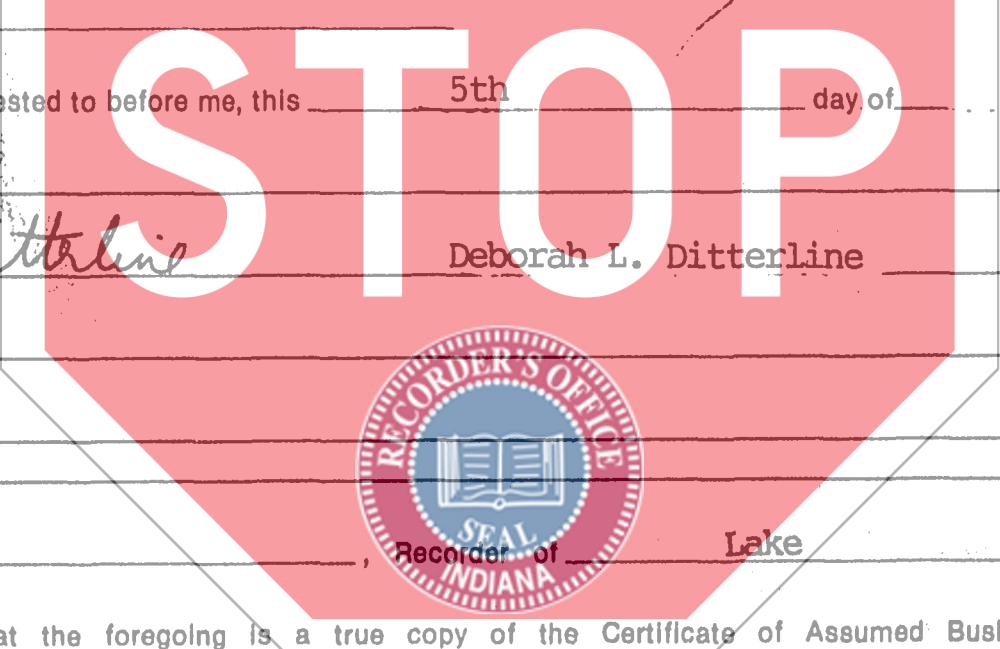
This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State. Indiana Code 23-15-1-1

Fee for filing with the Secretary of State: \$30.00, 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 Class, Inc.	2. Date of Incorporation / Admission December 8, 1982
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 31 W. 80th Place, Merrillville, Indiana 46410	
4. Assumed Business Name(s) Hydad's	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code) 31 W. 80th Place, Merrillville, Indiana 46410	
6. Signature <i>Rafe Mynes</i> Name Printed Rafe Mynes	

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



STATE OF Indiana

COUNTY OF Lake

Subscribed and sworn or attested to before me, this 5th day of June 1991

Notary Public
Deborah L. Ditterline

Deborah L. Ditterline

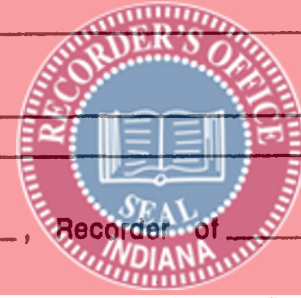
My Notarial Commission Expires:

8/9/91

My County of Residence is:

Porter

STATE OF INDIANA/S.S.H.D.
 LAKE COUNTY
 FILED FOR RECORD
 JUN 7 8 54 AM '91
 ROBERT (BOB) FREELAND
 JUN 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 _____

Recorder Signature

This instrument was prepared by
George C. Paras, Attorney at Law, 1000 E. 80th Place, Ste. 415 N., Merrillville, IN 46410

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