

92022456

BANK ONE MERUL
TWIN TOWERS
P.O. BOX 10139
Merul. IL
46411

APR 14 9 11 AM '92

CERTIFICATE OF PERSONS
OPERATING UNDER ASSUMED NAME

STATE OF INDIANA)
(SS:
COUNTY OF _____)

THIS CERTIFIES that the Undersigned is conducting and
transacting business under the name of CHAMBERS & TABISZ,
an Indiana general partnership,
that the principal office thereof is located at 314 Main Street,
Hobart, IN 46342

and that the name and residence of each and every person engaged in
said business or having an interest therein is as follows, to-wit:

<u>Stephen W. Chambers</u>	<u>Helen A. Tabisz</u>
<u>1080 Scarlet Oak Cir.</u>	<u>7204 Osage</u>
<u>Aurora, IL 60506</u>	<u>Downer Grove, IL 60516</u>
<u>John E. Tabisz</u>	
<u>7204 Osage</u>	
<u>Downer Grove, IL 60516</u>	

WITNESS my/our hand(s) and seal(s) this 19th day of October,

19 91

[Signature]
Stephen W. Chambers
[Signature]
John E. Tabisz



[Signature]
Helen A. Tabisz

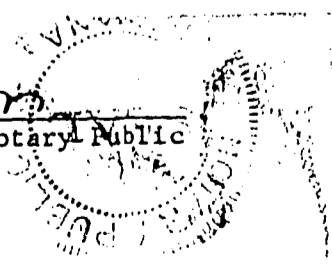
STATE OF INDIANA)
(SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, on
this 19 day of October, 1991, personally appeared
Stephen W. Chambers, John E. Tabisz, and Helen A. Tabisz

WITNESS my hand and official seal.

My Commission Expires:
9-3-95
Resident of Porter County

[Signature]
Sue Erickson
Notary Public



This Instrument Prepared By: _____

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ck