STATE OF INDIANA COUNTY OF LAKE)

| CERTIFICATE OF ASSUMED NAME |
|--|
| This certifies that AZRY D SWILDS |
| is are doing business in the county of lake of |
| the name and style of VISITEND |
| that the principal office thereof is located at OO. |
| - LOWN 10/NI IN 46307-2457 |
| and that the name and residence of each and every person angular to |
| business of having an interest therin are as following, to-wit: |
| NOT OFFICIAL! |
| This Document is the property of the Lake County Recorder! |
| and that this certificate is filed with the Recorder of Lake County, |
| indiana in pursuance of 1.c.23-15-1-1 |
| I (we) affirm, under the penalties of perjury that the foregoing |
| representation(s): (are) true. |
| IN WITNESS WHEREOF, I HAVE SET MY HAND AND SEAL THIS |
| DAY OF CORDER '93 |
| 4 21 PH '93 |
| 93 |
| |
| |
| BUSINESS NAME |
| |

BY La D. Sila

This instrument prepared by:

6.00