



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R4/3-87)

Approved by State Board of Accounts 1987

93080883

Provided by: **EVAN BAYH**
 Secretary of State of Indiana
 155 State House
 Indianapolis, Indiana 46204
 (317) 232-6276

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

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: Players, Inc.	2. Date of Incorporation / Admission October 15, 1993
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code): 8845 Grace Street, Highland, Indiana 46322	
4. Assumed Business Name(s) Players, Inc.	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code): 8845 Grace Street, Highland, IN 46322	
6. Signature <i>Elena Maria Engle</i>	Name Printed Elena Maria Engle



STATE OF Indiana SS:

COUNTY OF Lake

Subscribed and sworn or attested to before me, this 17th day of November, 1993.

Notary Public
Kimberly A. Janecek
My Notarial Commission Expires: **9-15-95**
My County of Residence is: **Lake**

STATE OF INDIANA
LAKE COUNTY
FILED FOR REC'D
Dec 3 8 48 AM '93
SAMUEL ORFORD
RECORDER

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 **RUMAN, CLEMENTS, TOBIN & HOLUB, P.C.**, 5261 Hohman Avenue, Hammond, IN 46320 (219)933-7600

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