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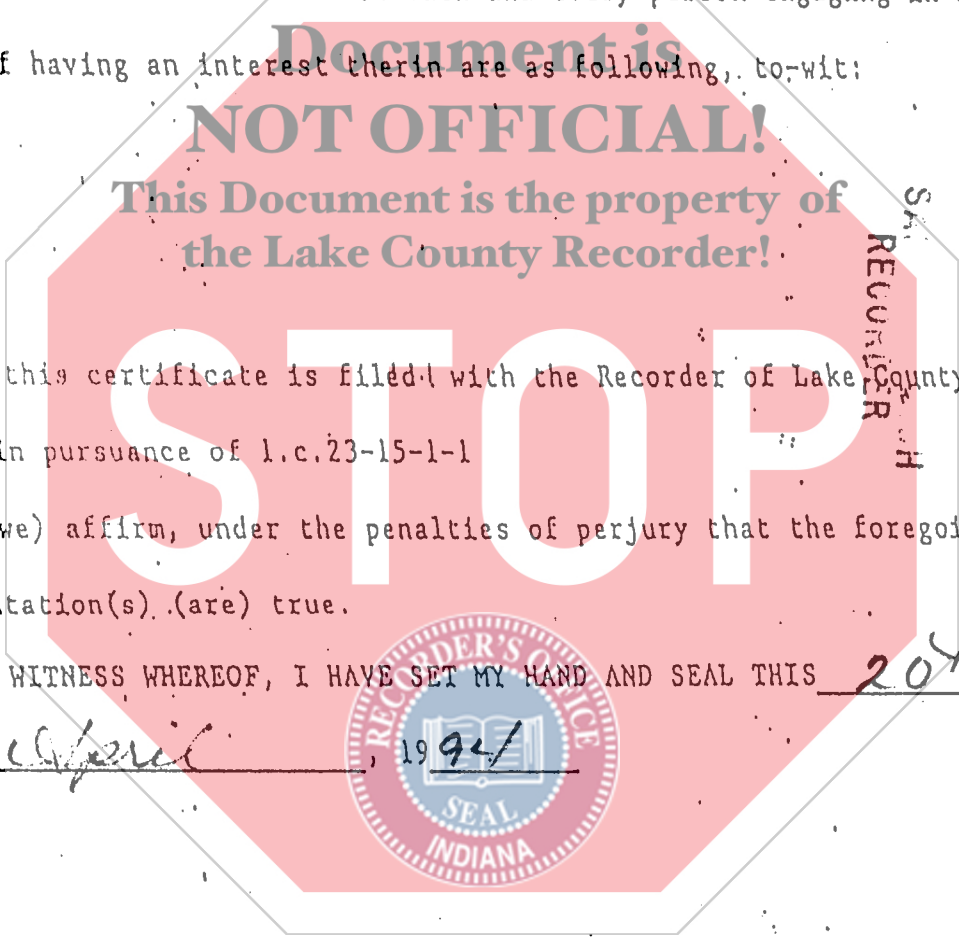
STATE OF INDIANA  
COUNTY OF LAKE)

CERTIFICATE OF ASSUMED NAME

This certifies that KATHLEEN M. COLLINS  
is/are doing business in the county of Lake, State of Indiana, under  
the name and style of ASPEN ASSOCIATES

that the principal office thereof is located at \_\_\_\_\_  
950 CYPRESS-PT DR F172, CROWN POINT

and that the name and residence of each and every person engaging in said  
business of having an interest therein are as following, to-wit:



and that this certificate is filed with the Recorder of Lake County  
Indiana in pursuance of I.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 20<sup>th</sup>  
DAY OF April, 1994

ASPEN ASSOCIATES.  
BUSINESS NAME

BY: *Kathleen Collins*

This instrument prepared by: \_\_\_\_\_

STATE OF INDIANA  
LAKE COUNTY  
FILED

APR 20 9 26 AM '94

S. RECORDER

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