CERTIFICATE OF ASSUMED NAME

The undersigned, Zoran Andric and Milena Andric, hereby certify: (1) that they are conducting and transacting business as a partnership under the name of A.D.A. Apartments, P.O. Box 12, Schererville, Indiana 46375 in Lake County, Indiana, and (2) that the names and residences of the persons who have an interest in the partnership are as follows:

<u>NAME</u>	ADDRESS
Zoran Andric	1972 So. Park Avenue Schererville, IN 46375
Milena Andric Doct	1972 So. Park Avenue Schererville, IN 46375 R 2
the Lake Co	RECUMERATION OF COMMERCE AND STAN Andric, Partner Milana Andric, Parnter Milana Andric, Parnter
STATE OF INDIANA) SS:	
COUNTY OF LAKE) I, the undersigned Notary	Public in and for said County and
State, certiiv that Zoran Andi	ric and Milena Andric personally

I, the undersigned Notary Public in and for said County and State, certify that Zoran Andric and Milena Andric personally appeared before me and acknowledged the execution of the foregoing Certificate.

Witness my hand and Notarial Seal this 10th day of February , 1994.

Edward H. Feldman, Notary Public

My Commission Expires: 1/7/1997 County of Residence: Lake

This document prepared by Edward H. Feldman, Attorney at Law 2833 Lincoln Street, Suite B, Highland, Indiana 46322 (219) 838-8200

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