

CERTIFICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), firms, or partnerships engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: PROCESS CONTROL SPECIALISTS

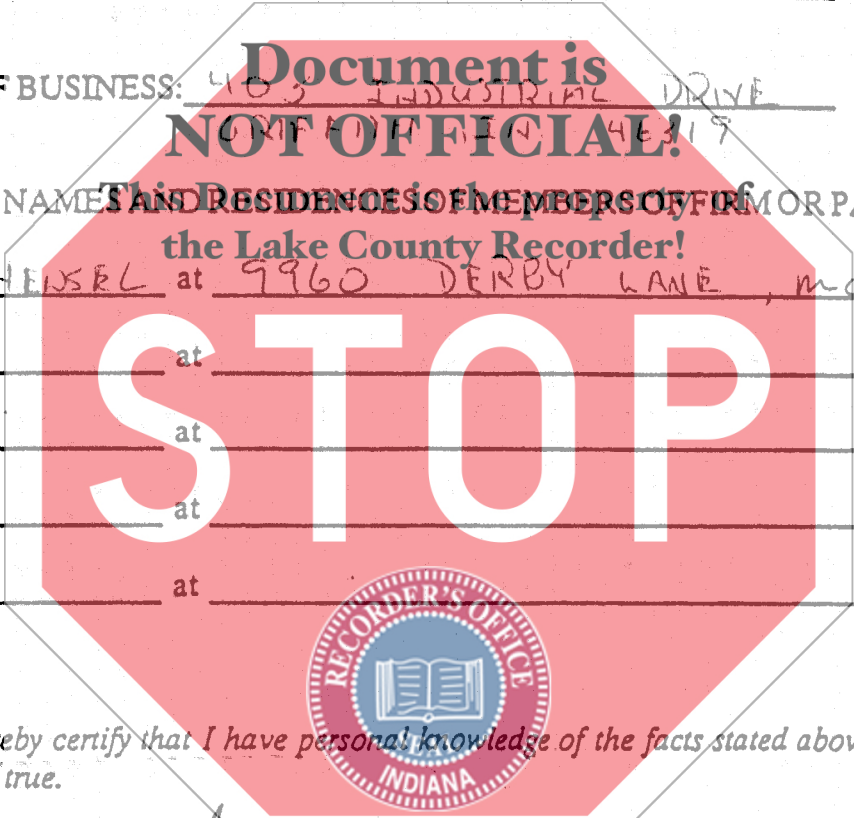
KIND OF BUSINESS: INSTRUMENT AND CONTROL SOLUTIONS MAINT.

PLACE OF BUSINESS: 403 INDUSTRIAL DRIVE

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

SHAWN HENSEL at 9960 DERBY LANE, MOKENA, IL 60448

at _____
at _____
at _____
at _____



95001241

AMASA G. COLBY
CHIEF DEP. RECORDER

95 JAN - 6 AM 10:45

LAKE COUNTY
FILED FOR RECORD

I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

Shawn Hensel
Written Signature

SHAWN HENSEL
Printed Name

OWNER
Capacity of Signer

FORM PREPARED BY: Shawn Hensel

IF THIS FORM HAS BEEN FAXED TO YOU, IT MUST BE COPIED ONTO REGULAR PAPER BEFORE FILING. THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IS LOCATED.

Filed on January 5, 1994 Amasa Colby, Recorder 9.00