

# 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

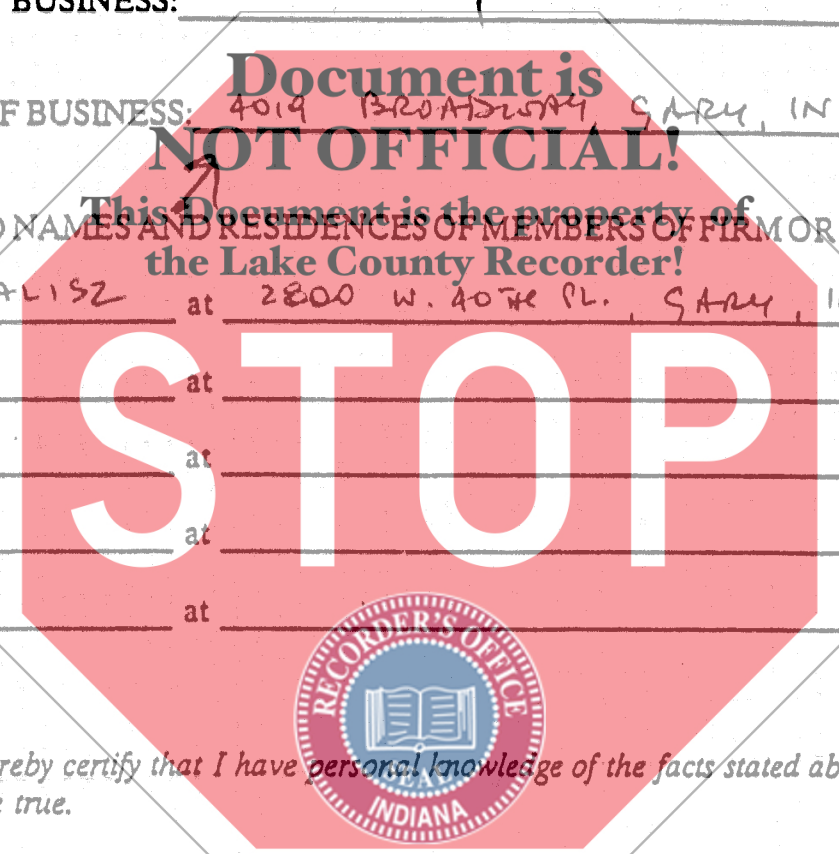
NAME OF BUSINESS: INFO - POWER

KIND OF BUSINESS: ACCOUNTING

PLACE OF BUSINESS: 4019 BROADWAY SARY, IN 46409

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP

MAREK J. KALISZ at 2800 W. 40TH PL. SARY, IN 4  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_ at \_\_\_\_\_



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

Marek Kalisz MAREK J. KALISZ OWNER  
Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: Marek Kalisz

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 12, 1995 Amasa Colby Recorder 9.00

95002481

65 JAN 12 PM 4:10  
AMASA G. COLBY  
CHIEF DEP. RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD