

CERTIFICATE OF ASSUMED BUSINESS NAME

9500321 Individuals (sofe proprietorships), firms, or partnerships engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF LAT. NAME OF BUSINESS:__ KIND OF BUSINESS: Si's

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

FORM PREPARED BY:

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.

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