

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

95003835

NAME OF BUSINESS: NEW CITY MANAGEMENT ASSOCIATION

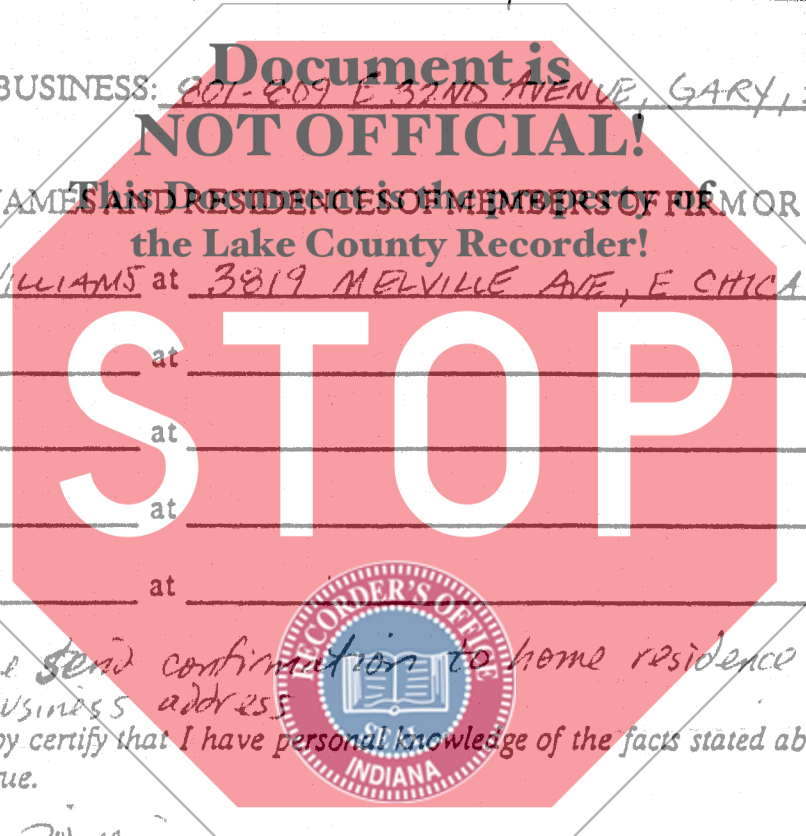
KIND OF BUSINESS: RENTAL PROPERTY MANAGEMENT

PLACE OF BUSINESS: 901-809 E 32ND AVENUE, GARY, IN 46409

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

CYNTHIA WILLIAMS at 3819 MELVILLE AVE, E CHICAGO, IN 46311

at _____
at _____
at _____
at _____



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 JAN 23 AM 11:40
AMASA G. COLBY
CHIEF DEP. RECORDER

* Please send confirmation to home residence rather than business address

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

Cynthia Williams
Written Signature CYNTHIA WILLIAMS OWNER
Printed Name Capacity of Signer

FORM PREPARED BY: Cynthia Williams

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 23, 1995 Amasa Colby, Recorder

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