

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: Camille's Antiques & Collectibles

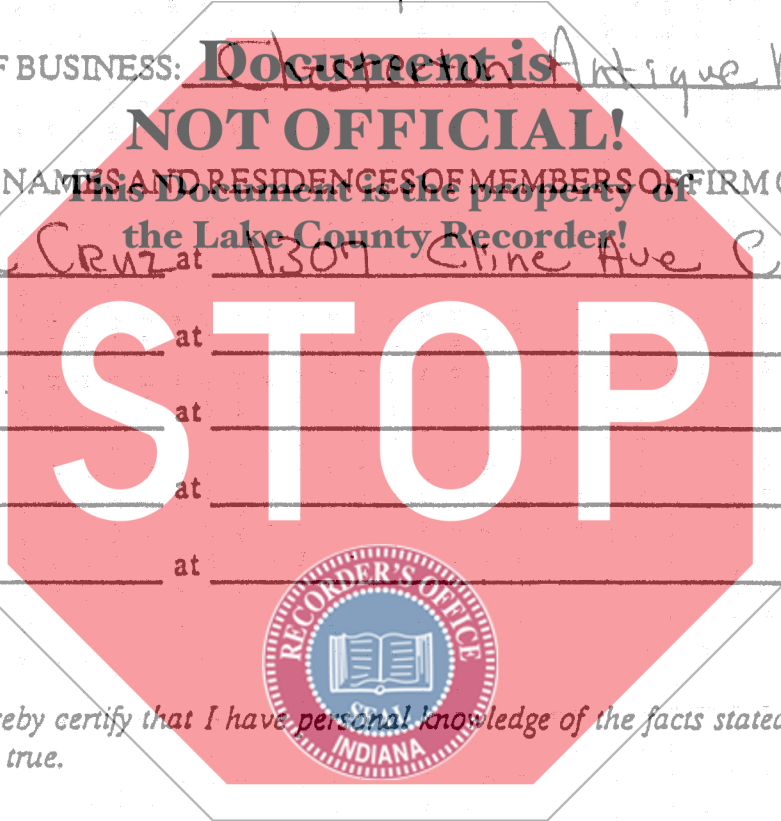
KIND OF BUSINESS: Antiques Sales

PLACE OF BUSINESS: Documentis Antiques Mall

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Camille Cruz at 11307 Cline Ave Crown Point IN

____ at _____
____ at _____
____ at _____
____ at _____



95002863
AMASA G. COLBY
CHIEF DEPT. RECORDER
95 JAN 23 PM 1:22
STATE OF INDIANA
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.

Camille Cruz
Written Signature

Camille Cruz
Printed Name

Capacity of Signer

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.

Filed on 1-23, 1995. Amasa Colby, Recorder 6.00