

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: JAS ENTERPRISES

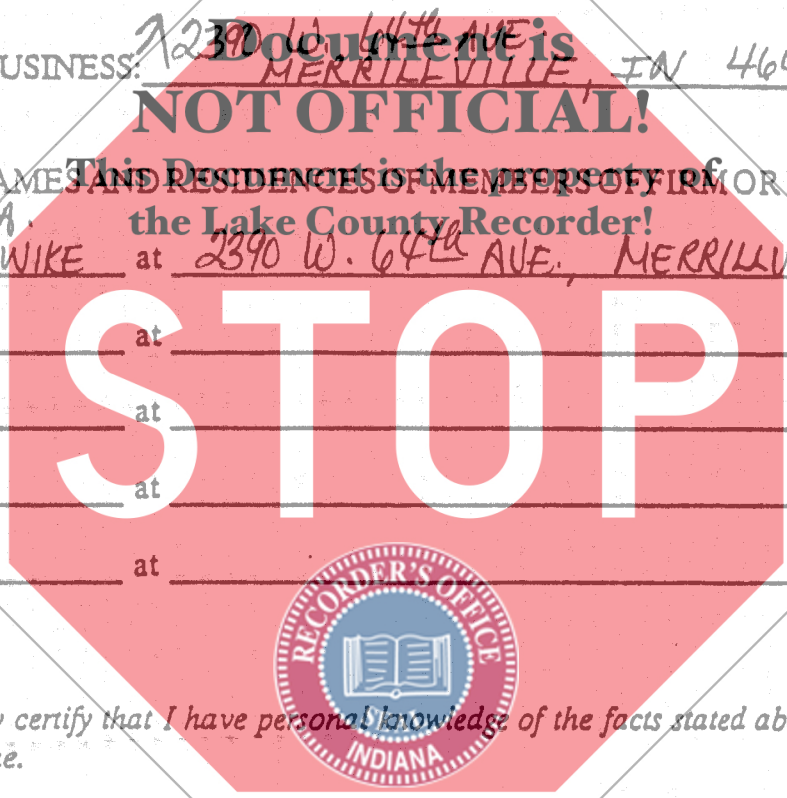
KIND OF BUSINESS: PUBLIC RELATIONS, COMMUNICATIONS, ETC.

PLACE OF BUSINESS: 2390 W. 64th AVE. MERRILLVILLE, IN 46410

PRINTED NAMES AND RESIDENCES OF THE MEMBER(S) OF FIRM OR PARTNER(S):

JACQUELINE A. SWIKE at 2390 W. 64th AVE., MERRILLVILLE, IN 46410

at _____
at _____
at _____
at _____



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

Jacqueline A. Swike
Written Signature

JACQUELINE A. SWIKE
Printed Name

OWNER
Capacity of Signer

FORM PREPARED BY: Jacqueline A. Swike

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 24, 1995. Amasa Colby, Sr. Recorder

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95 JAN 24 AM 11:49
AMASAG. COLEBY
CHIEF DEPT. RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

6.00