

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 _____

NAME OF BUSINESS: ALFA PROFF. Janitorial Maintenance Company

KIND OF BUSINESS: Janitorial

PLACE OF BUSINESS: Document is at 2116 Hemlock Ave Gary

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Aloysius Clinton at 2116 Hemlock Ave Gary

Albert Sumbry at 981 Matthew St. Gary

_____ at _____

_____ at _____

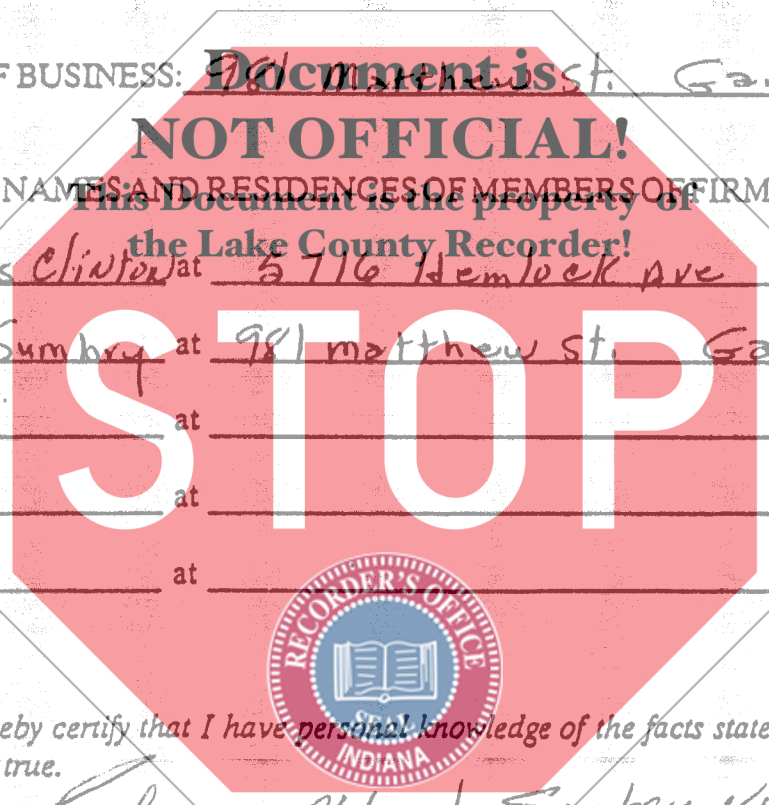
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.

<u>Albert Sumbry</u>	<u>Albert Sumbry</u>	<u>Vice President</u>
<u>Aloysius Clinton</u>	<u>Aloysius Clinton</u>	<u>president</u>
Written Signature	Printed Name	Capacity of Signer

FORM PREPARED BY: Albert Sumbry

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 - 25, 1995. MARGARETTE N. CLEVELAND,
LAKE COUNTY RECORDER, Recorder



MARGARETTE N. CLEVELAND
LAKE COUNTY RECORDER
9500 E. 407
95 JAN 25 PM 4:58
STATE OF INDIANA
LAKE COUNTY
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