

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: Annexed Territorial Services

KIND OF BUSINESS: Territorial Services

PLACE OF BUSINESS: 341 W. Montgomery

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

James Harris at 341 W. Montgomery

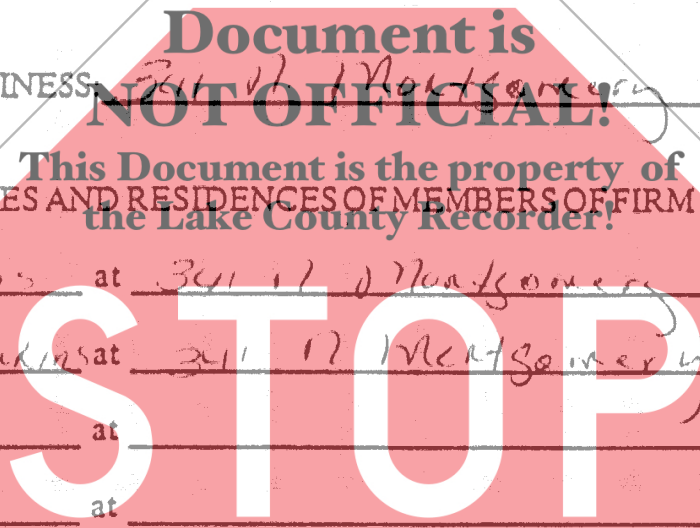
Randria Hawkins at 341 W. Montgomery

?

at _____

at _____

at _____



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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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RECORDED

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

[Signature]
Written Signature

Randria Hawkins
Printed Name

Founder
Capacity of Signer

FORM PREPARED BY: Randria Hawkins

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 2/24, 1995. [Signature], Recorder

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