

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: Collins Automotive

KIND OF BUSINESS: Mechanic - Auto Repair - Repaire

PLACE OF BUSINESS: 985 HUB CT CROWN POINT

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Tim E. Collins at 902 E Soler St Crown Point

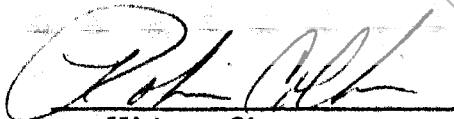
Robin Collins at 902 E Soler St Crown Point

at _____

at _____

at _____

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



Written Signature

Robin Collins

Printed Name

Owner

Capacity of Signer

FORM PREPARED BY: Rob Collins

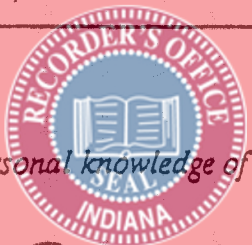
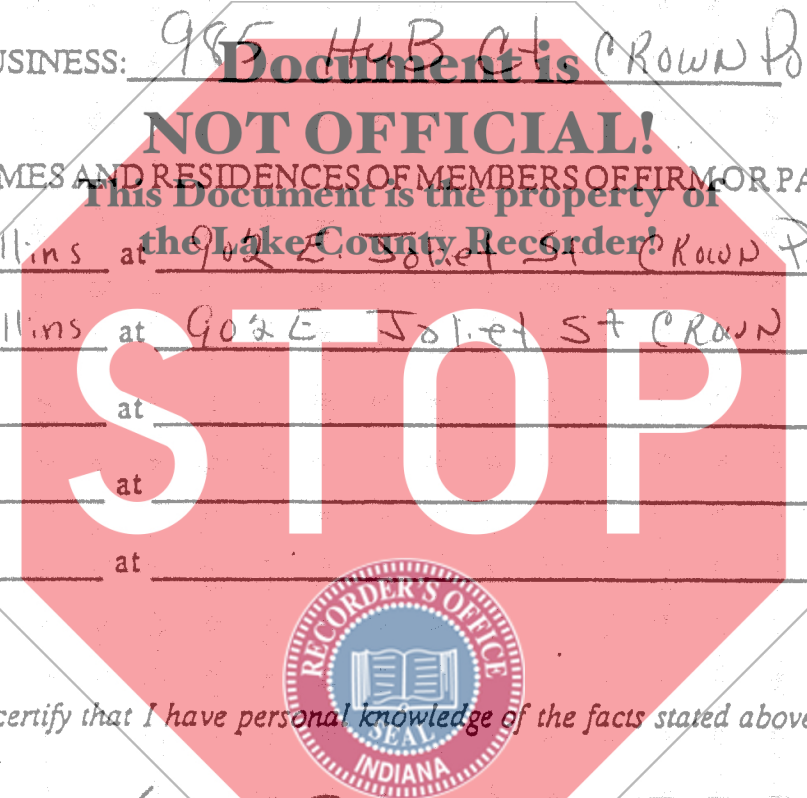
IF THIS FORM HAS BEEN FAXED TO YOU, IT MUST BE COPIED ONTO
REGULAR PAPER BEFORE FILING. THE COMPLETED FORM MUST BE FILED IN
THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A
PLACE OF BUSINESS OR OFFICE IS LOCATED.

Filed on February 27, 1995. Margaret Beuchamp, Recorder

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



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