

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: FLOOR SHOW

KIND OF BUSINESS: CARPET

PLACE OF BUSINESS: 3739 VAN KLEY DR. WHEATFIELD, IN 46392

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

DAWN M. RILEY at 3739 VAN KLEY DR. WHEATFIELD, IN

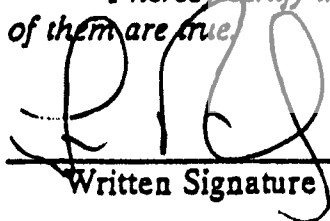
THOMAS E. RILEY at 3739 VAN KLEY DR. WHEATFIELD, IN

at _____

at _____

at _____

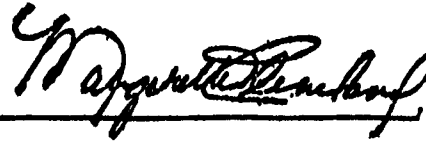
I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.


Written Signature

TOM RILEY OWNER
Printed Name Capacity of Signer

FORM PREPARED BY: 

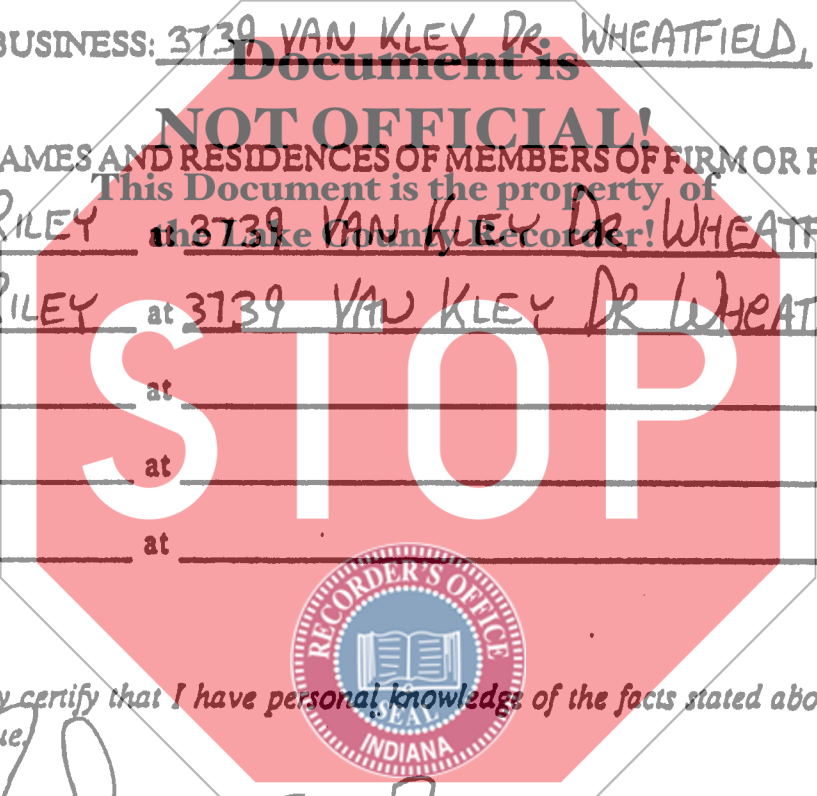
IF THIS FORM HAS BEEN FAXED TO YOU, IT MUST BE COPIED ONTO REGULAR PAPER BEFORE FILING. THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IS LOCATED.

Filed on February 28, 19 95.  Recorder

95010723

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

95 FEB 28 AM 10:31
RECORDER



600