CERPHICATE OF ASSUMED BUSINESS NAME

for individuals (sole proprietorships), firms, or partnerships engaged in business under a name other than their own (DBA)

	IANA, COUNTY OF		
NAME OF BUSINESS:	Gladys Gray	500	
KIND OF BUSINESS:	commercial	oroporty	
PLACE OF BUSINESS:		\sim 10 M $_{\odot}$ σ 1 M $_{\odot}$	arus es la
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	RESIDENCES OF MEMBER Property Responses		KSHIP O
at	and the second of the second of		J. 18404
at			* **
at	ROER'S OF		95 FE
I hereby certify that	I have personal knowledge of th	. ne facts stated above and the	EB 28
of them are true.	SEAL MOIANAMAN		PH C
Glady Grayson	Cladys Grayso	Capacity of Sig	<u> </u>
Written Signature		Capacity of Sig	Hef
FORM PREPAR	ED BY: Gladys	Wayson	i Ni ya ka i

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 Jelowary 28, 1995. Majorte Beachof, Recorder