

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: FOCAL ENTERPRISE

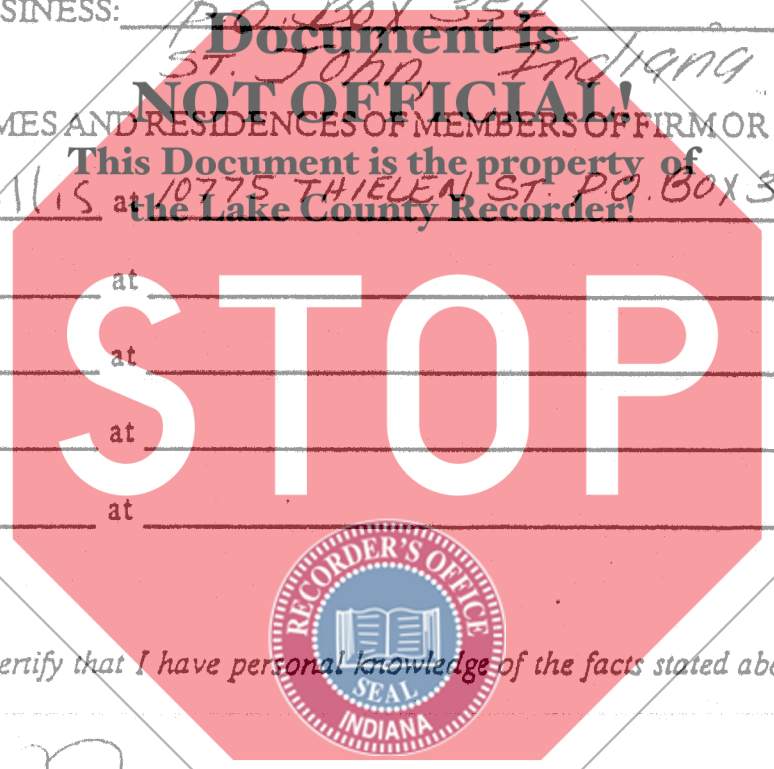
KIND OF BUSINESS: MARINE SURVEYORS

PLACE OF BUSINESS: 10775 Thielen St.
PO. Box 354

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Joseph W. Willis is at 10775 THIELEN ST. PO. BOX 354 ST. JOHN, Indiana

at _____
at _____
at _____
at _____



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUN - 5 PM 12:12
RECORDER

98031461

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

Joseph W. Willis JOSEPH W. WILLIS PRESIDENT
Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: Joseph W. Willis

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 June 6, 1995. W. J. [Signature] Recorder

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