

CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R6 / 10-93) State Board of Accounts Approved 1987 STUAN PAPA Secretary of State
SECRETARY OF STATE OF INDIANA
CORPORATIONS DIVISION

CORPORATIONS DIVISION 302 W. WASHINGTON ST., RM, E018 INDIANAPOLIS IN 46204 TELEPHONE: (317) 232-6578

INSTRUCTIONS: (CORPORATIONS ONLY)

This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located. A copy of the certificate certified by the County Recorder, must be filed with the Secretary of State, Indiana Code 23-15-1-1.

Fee for filling with Secretary of State is: \$30.00, for For-Profit Corporations or \$26.00, for Not-For-Profit Corporations. A certificate issued by the Secretary of State is an additional \$15.00.

1. Name of Corporation				12.	Date of in	corporation	/ Admi	SSION	·····		
Service Auto & Body (rated						1003				
Principal Office Address of the Corporation (Str	eel, City, State Zip (Code)						+			
1317 E. Ridge Road, (Gary, Ind:	lana 4	16409							U	-
4. Assumed Business Name(s)			1,90				7	12.47			
Auto Body Center					\.					0	`
5. Address at which the Corporation will do busine 1317 E. Ridge Road,	Gary, Inc	usnessna liana	46409	y, State and	Zip Code)				1485	0	
6. Signature	NOI	[O]	Name Prin	John	D. Gi	rard			in the second		
	his Docu	ment	is the	prope							N. N.
STATE OF Indiana	the Lal	ce Co	unty R	ecord	er!						
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COUNTY OF Lake		athrickastashababababarradip		1900 C					E	ശ	-
and the second second							G.		5	G	- - 연도
Subscribed and sworn or attested to before	ne, this	30th		day of	A	ugust			19	95%	_85
				¥	787.7				州		-A
Notary Public	4	¹ any in a			- 1	Brian	D	Pop	\mathfrak{F}_{i}	S	90
	May 1				/ .		-	101	<i>,</i> ,	=	O
My Notarial Commission Expires: 06/25/97		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							\mathbf{m}_{i}	<u></u>	63
My County of Residence is:		1	TO DOO		1.14.					<u> </u>	
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	200	Carrie !	DIANA	- weaport -		agar	ege ¹		Salada - Francisco		GALLEY A.
certify that the foregoing is a true copy of	the Certificate of A	ssumed Bu	isiness Name	recorded in	my office	on the		171			
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day of		_ 19	95								
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Recorder Signature											
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This instrument was prepared by

Brian P. Ponn Attorney at Law 8050 Br

Brian P. Popp, Attorney at Law, 8959 Broadway, Merrillville, IN 46410

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