

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

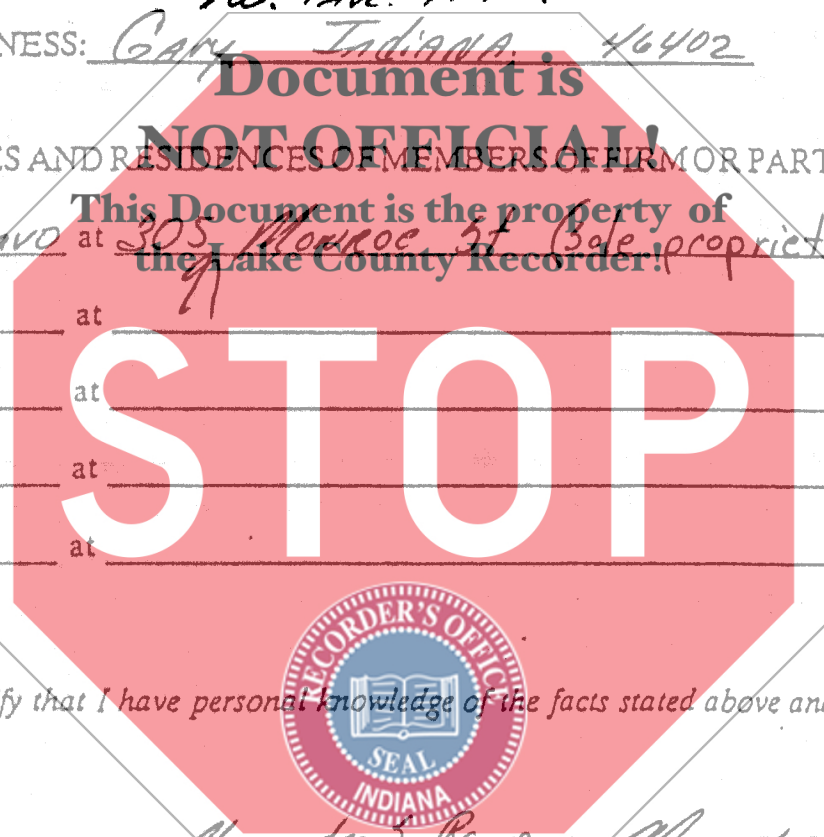
NAME OF BUSINESS: La Frontera

KIND OF BUSINESS: Resturant. (Tacos)

PLACE OF BUSINESS: 9w. 7AVE. AVE. Gary Indiana 46402

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Alejandro S. Bravo at 305 Monroe St. (sole proprietor)
at _____
at _____
at _____



95052259

95 SEP - 6 PM 2:23

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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

Alejandro S. Bravo
Written Signature

Alejandro S. Bravo
Printed Name

Alejandro S. Bravo
Capacity of Signer

FORM PREPARED BY: Alejandro S. Bravo

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 September 6, 19 95. Margaret Pennington Recorder

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