

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: Graphic Word Pro

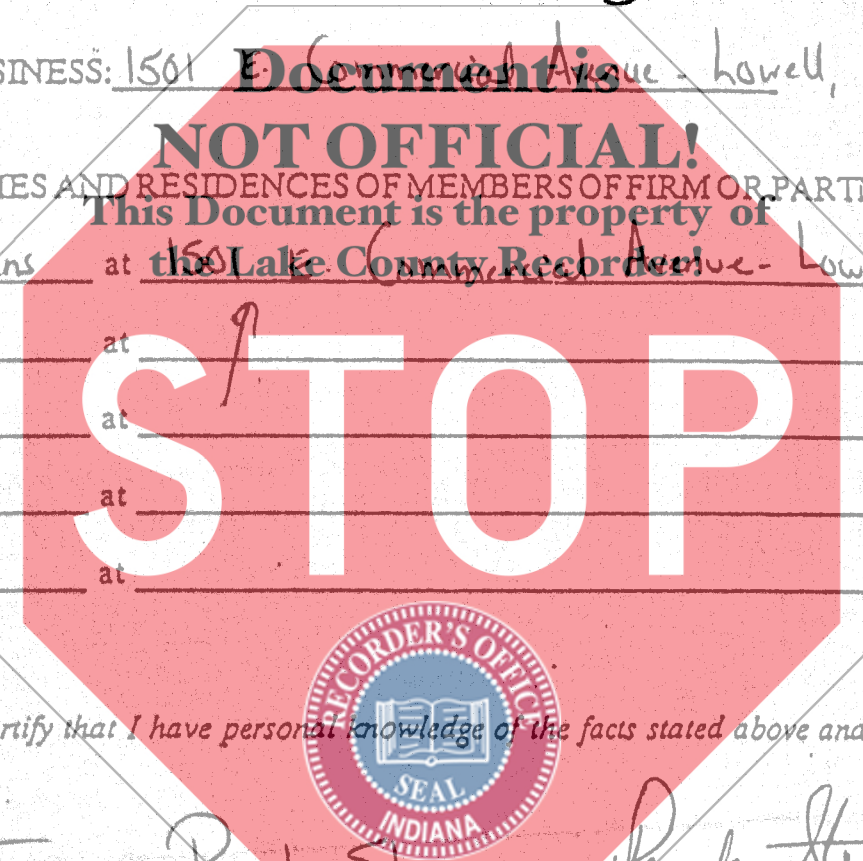
KIND OF BUSINESS: Home-based word processing service

PLACE OF BUSINESS: 1501 E. Commercial Avenue - Lowell, IN. 46356

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Pamela Stevens at 1501 E. Commercial Avenue - Lowell, IN.

at _____
at _____
at _____
at _____



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

Pamela Stevens
Written Signature

Pamela Stevens
Printed Name

Pamela Stevens
Capacity of Signer

FORM PREPARED BY: Pamela Stevens

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 25, 19 95 Margaret C. Penland, Recorder

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARET C. PENLAND
RECORDER

9-25