

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: Jeff's Delivery

KIND OF BUSINESS: TRUCKING

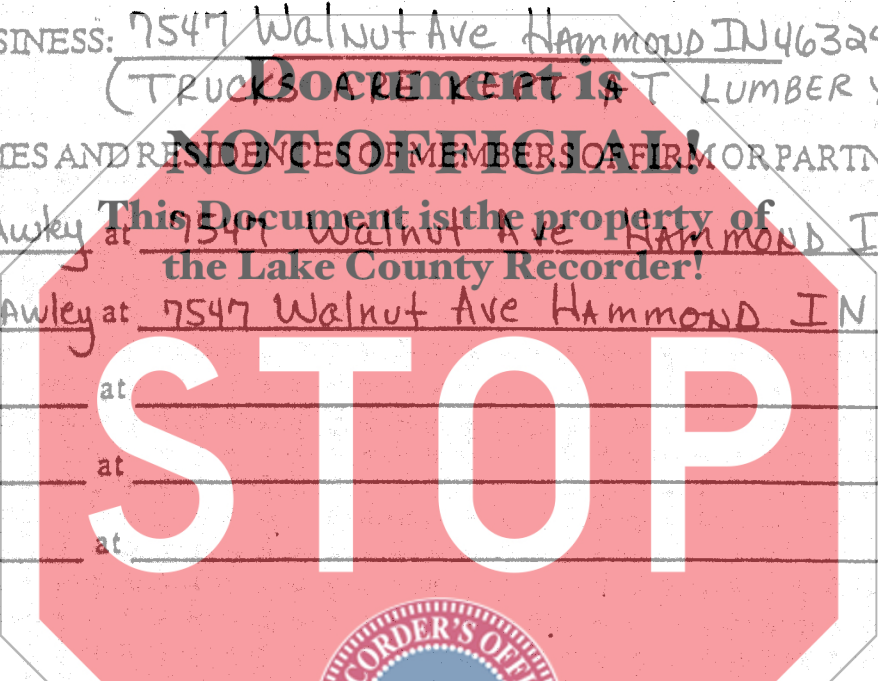
PLACE OF BUSINESS: 7547 Walnut Ave Hammond IN 46324
(TRUCKS AND LUMBER YARDS)

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Jeffrey L Lawley at 7547 Walnut Ave Hammond IN 46324

BETTY T. LAWLEY at 7547 Walnut Ave Hammond IN 46324

at _____
at _____
at _____



95058670

95 SEP 28 PM 3:13

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARETTE CLEVELAND
RECORDER

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

Betty Lawley
Written Signature

BETTY T. LAWLEY
Printed Name

owner/resident
Capacity of Signer

FORM PREPARED BY: Betty T. Lawley

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 28, 1995. Margarette Cleveland, Recorder

900