

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

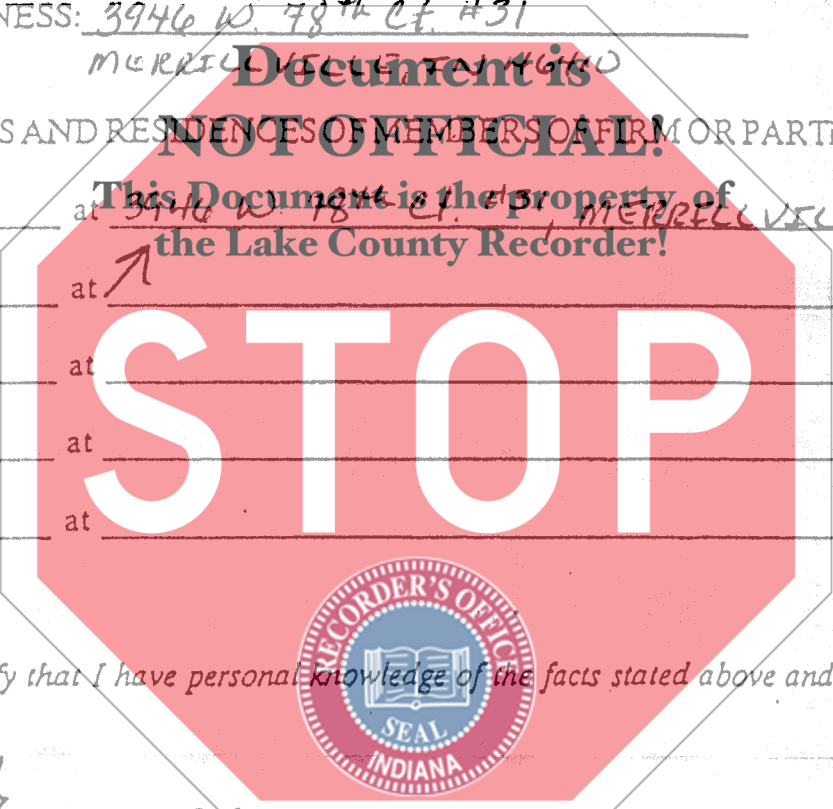
NAME OF BUSINESS: ONLINE COACH

KIND OF BUSINESS: INTERNET/ELECTRONIC COMMUNICATIONS
PROFESSIONAL SERVICE

PLACE OF BUSINESS: 3946 W. 78th Ct. #31
MERRILLVILLE, IN 46410

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

STUART GRAY at 3946 W. 78th Ct. Merrillville, IN 46410
↑
at _____
at _____
at _____
at _____



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

Stuart Gray STUART GRAY _____
Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: STUART GRAY

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 Nov. 17, 19 95 Margaret Cleveland Recorder

95070615

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 NOV 17 PM 12:54
MARGARET CLEVELAND
RECORDER

900
PS