## 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 INDIA	INA, COUNTY OF LAK		
NAME OF BUSINESS:	MBM ENTERPRIS	SES	
KIND OF BUSINESS: SE	LING FOOD AND GROC	LERY DISCOUNT COUPE	. <b>~</b> \$
PLACE OF BUSINESS:	RIFFITH, INDIMUN	46319	
PRINTED NAMES AND R		OF FIRM OR PARTNERSH	IP:
PAUL J. BOCHUCINSKI at 1	s Document is the pro the Lake County Reco	FORFFITH, INDIA	WA 46319
at			- 9
at			- 0 1 8
at	SUDER'S OF		
I hereby certify that I h	ave personal lorowledge of the j	facts stated above and that each	ch <b>% %</b> ⊒ ¢
of them are true.	EAL WOIANA MANAGER		STAKE CELLED FOR SONON 2!
Written Signature	Printed Name	Capacity of Signer	HIGH STATE OF THE STATE OF THE
FORM PREPARED	BY: Paw O. Boch	umh:	§ 2 8
	EEN FAXED TO YOU, IT M	UST BE COPIED ONTO	

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 November 21 1995. Waggetellenberg, Recorder

900 CS