

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: HSEE REPORT COMPLIANCE RESOURCES

KIND OF BUSINESS: CONSULTING

PLACE OF BUSINESS: 8800 CLARK PL. CROWN POINT, IN 46307

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

→ JAMES C. ZATOSKI at 8800 CLARK PLACE CROWN POINT, IN 46307
_____ at _____
_____ at _____
_____ at _____
_____ at _____

MARGUERITE CLELAND
RECORDER

96007800

96 FEB - 5 PM 4: 13

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.

James C. Zatoski JAMES C. ZATOSKI PRESIDENT
Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: James C. Zatoski

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 2/5, 1996. Marguerite Cleland Recorder

Handwritten initials
BB