

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: Grace & Faith Family Services

KIND OF BUSINESS: Computer Business

PLACE OF BUSINESS: 6339 Nebraska Hesseville In

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

Craig Jordan at 6339 Nebraska Hesseville 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.

Craig Jordan
Written Signature

Craig Jordan
Printed Name

Owner
Capacity of Signer

FORM PREPARED BY: Craig Alan Jordan

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 February 12, 1996 Margaret C. [Signature] Recorder

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MARGARET C. [Signature]
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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