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: Obermeyer Trucking. | | |
| KIND OF BUSINESS: <u>Interstate Freight Transpo</u> rt | | S 60 |
| PLACE OF BUSINESS: Crown Point, 1N 46307 | | 601 |
| Y: PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP | | 1223 |
| William J. Obormoverat 1018 E. Summit Crown Point, IN 46307 | | |
| Kathleen Charmyperat Kol8 F. Summit Crown Point IN 46307 | | |
| ing the filter of the contract | . | ĸ |
| | . Ag | 333 |
| | 80 | ×2: |
| | BG BG | : 2 |
| I hereby certify that I have personal knowledge of the facts stated above and that each of them are true. | | 2:27 |
| William J. Obermayor Co. Owner Written Signature Printed Name Capacity of Signer | | |
| FORM PREPARED BY: William J. Obermanon | | |
| 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 Mile 21 19 96. Maggarate Benefan Recorder | | . (|