

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: Creative Broadcast Communication

KIND OF BUSINESS: Radio & Print Media Specialists *Desk Top Publishing*
writing / Taping

PLACE OF BUSINESS: 2219 169th St
Hammond IN 46323

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP:

→ Joe Rodriguez at 2219 169th St. Hammond, IN 46323
_____ at _____
_____ at _____
_____ at _____
_____ at _____

96013413

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

Joe Rodriguez Joe Rodriguez _____
Written Signature Printed Name Capacity of Signer

FORM PREPARED BY: Joe Rodriguez

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 2/29, 1994, Margaret Pemberton Recorder

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MARGARET PEMBERTON
RECORDER
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