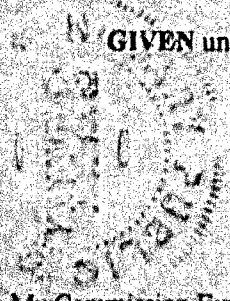


STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

I, JOANN DUHON a Notary Public in and for said County and State aforesaid, do hereby certify that Cynthia L. Silski

personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and Notary seal this 29TH day of April 1996.


JoAnn Duhon
Notary Public
JoAnn Duhon
Resident of: LAKE County

My Commission Expires:

FEBRUARY 2, 2000

