

CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R6 / 10-93) State Soard of Accounts Approved 1987 SECRETARY OF STATE OF INDIANA CORPORATIONS DIVISION 302 W. WASHINGTON 8T., RM. E018 INDIANAPOLIS IN 46204

TELEPHONE: (317) 232-6576

INSTR				

This certificate must first be recorded in the office of County Recorder of each county in which a certificate certified by the County Recorder, must be filed with the Secretary of State, Indiana Code 23-15-1-1.

Fee for filling with Secretary of State is; \$30.00, for For-Profit Corporations or \$25.00, for Not-For-Profit Corporations. A certificate issued by the Secretary of State is an additional \$15.00.

1. Name of Corporation ALLSAFE LLC		2. Date of incorporation / A April 29, 19	
3. Principal Office Address of the Corporation (Street, City, State Zip Code		,	
950 Hub Court, Crown Point, IN	46307		
4. Assumed Business Name(s) ALLSAFE STORAGE			
5. Address at which the Corporation will do business under assumed business		ena Zip Code)	
950 Hub Court, Crown Point, IN	46307		
6. Signature Winter	CUINIMETING 1	S. Ferree	<u> </u>
NOT	OFFICE	ATA	

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COUNTY OF LAKE the Lake	e Co \\$ nty Reco	order!	
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1 Kent Polluly			
Notary Public Rhett L. Tauper			₹ 10 π
My Notanai Commission Expires:			in S mr
October 15, 1998			SE EE
My County of Residence is: Lake	and the same of th		
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MARGARETTE N. CLEVELAND	lecorder of LAK	2	County, State et/Indiana:
. MANGARETTE N. CLEVELAND	E SPAL S		County State Of Ideal
certify that the foregoing is a true copy of the Certificate of Assu	med Susiness Name record	ed in my office on the 10	TH
day of <u>SEPTEMBER</u> 19	96	_/	
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THE STATE OF THE S			
This instrument was prepared by			