

CERTIFICATE OF ASSUMED BUSINESS NAME
for individuals (sole proprietorships), firms
or partnerships engaged in business under a name
other than their own (DBA)

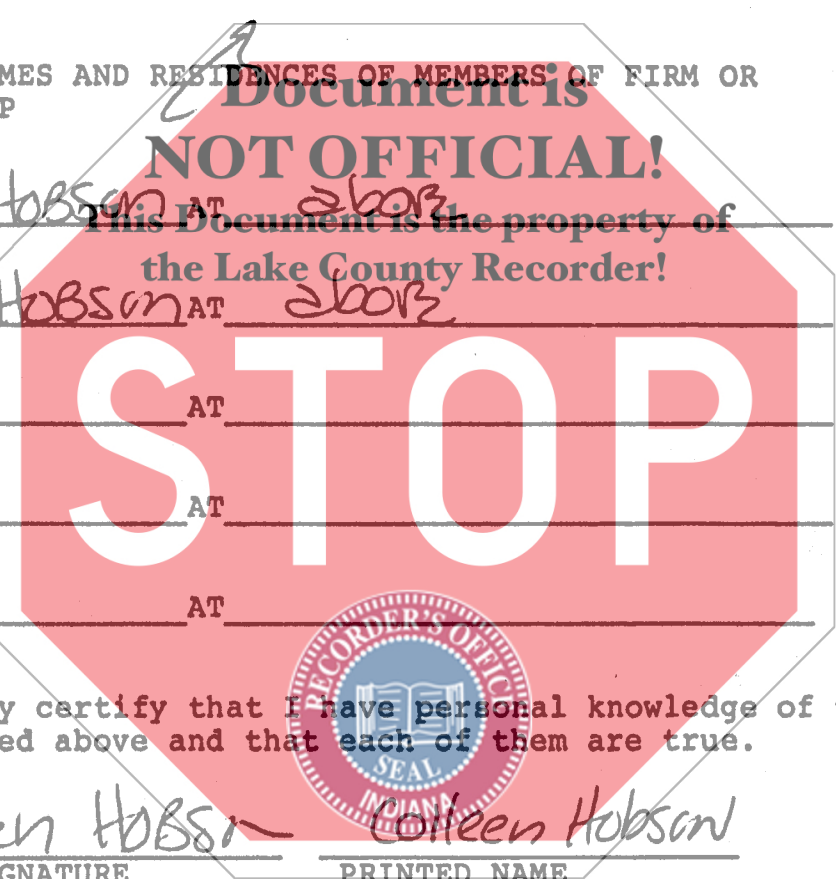
STATE OF INDIANA, COUNTY OF _____
NAME OF BUSINESS: HOBSON ENTERPRISES

KIND OF BUSINESS: MANUFACTURING REP.

PLACE OF BUSINESS: 7730 W. 85th AVE, CROWN POINT, IN
46307

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP

Colleen Hobson AT 2603
Charlie Hobson AT 2603



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

Colleen Hobson Colleen Hobson
WRITTEN SIGNATURE PRINTED NAME

President
CAPACITY OF SIGNER

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 Sept. 23, 1996 Margaret Cleveland RECORDER

6063370

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 SEP 23 PM 12:44
MARGARET CLEVELAND
RECORDER

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