

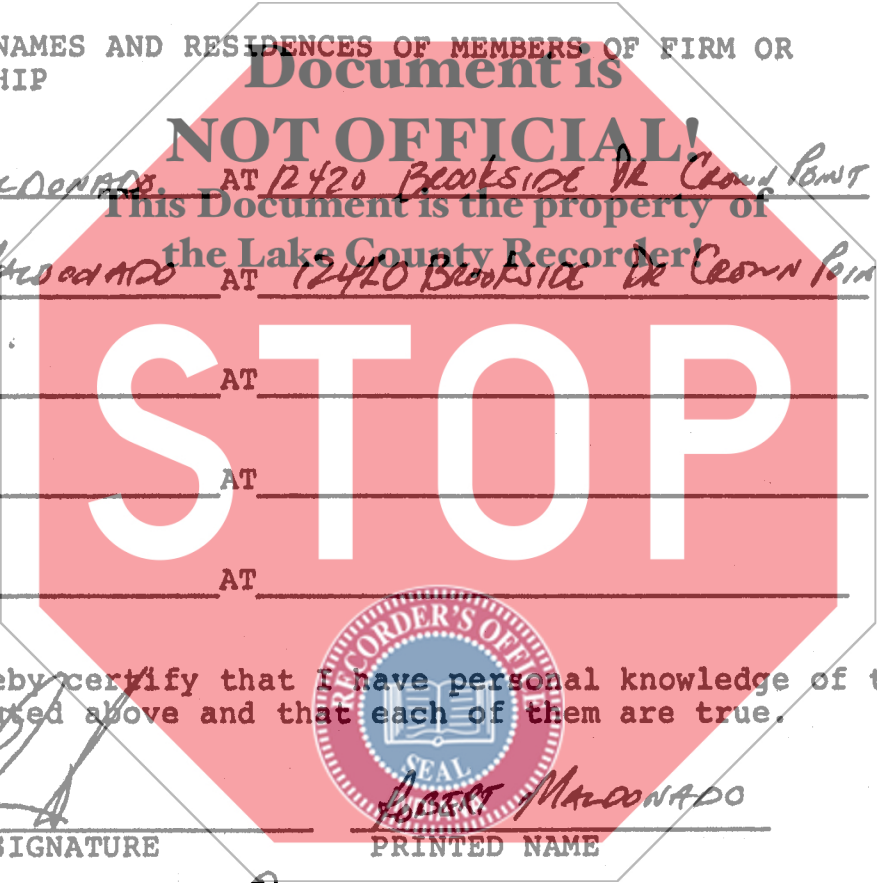
**CERTIFICATE OF ASSUMED BUSINESS NAME**  
for individuals (sole proprietorships), firms  
or partnerships engaged in business under a name  
other than their own (DBA)

STATE OF INDIANA, COUNTY OF LAKE  
NAME OF BUSINESS: LEXCO DISTRIBUTORS  
KIND OF BUSINESS: DISTRIBUTION OF MAIL ORDER PURCHASES  
PLACE OF BUSINESS: 12420 BROOKSIDE DR CROWN POINT IN 46307

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR  
PARTNERSHIP

DENISE MACDONADO AT 12420 BROOKSIDE DR CROWN POINT IN 46307

ROBERT MACDONADO AT 12420 BROOKSIDE DR CROWN POINT IN 46307



\_\_\_\_ AT \_\_\_\_\_  
\_\_\_\_ AT \_\_\_\_\_  
\_\_\_\_ AT \_\_\_\_\_

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

[Signature]  
WRITTEN SIGNATURE

ROBERT MACDONADO  
PRINTED NAME

DUNER  
CAPACITY OF SIGNER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MARGARET CLELAND  
RECORDER  
96 OCT 15 AM 10:00

96068245

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 October 15, 1996. Margaret Cleland RECORDER

CS  
9-13