

**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: FINANCIAL SECURITY CARD

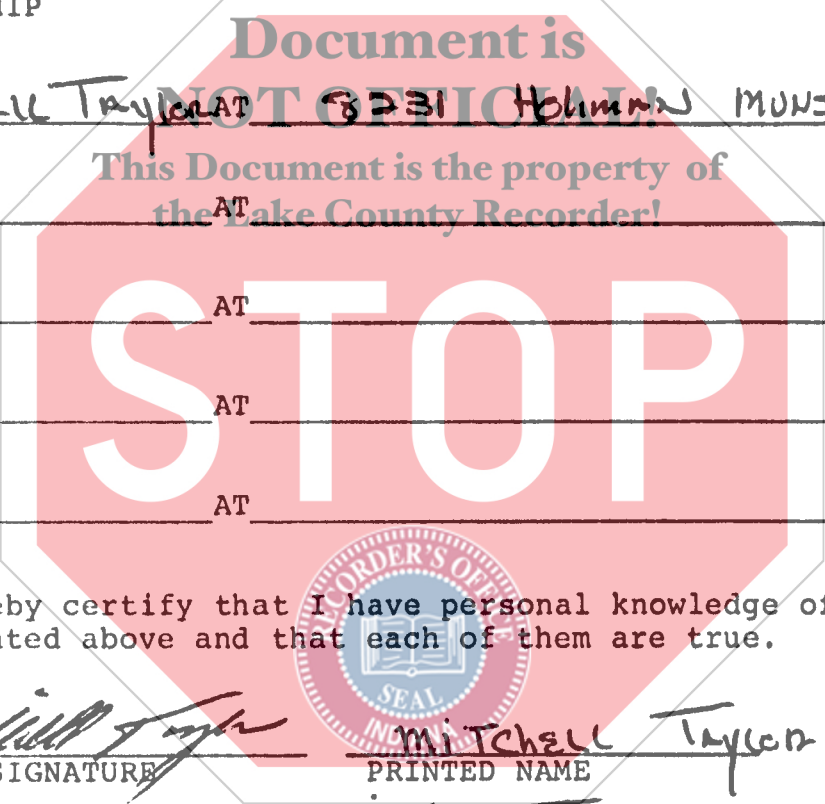
KIND OF BUSINESS: CREDIT CARD PROCESSING

PLACE OF BUSINESS: 8231 Hohman<sup>AV.</sup> MUNSTER IN.

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP

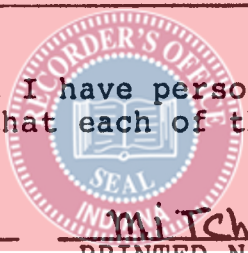
MITCHELL TAYLOR AT 8231 HOhman MUNSTER IN. 46321

↑  
This Document is the property of  
the Lake County Recorder!  
AT \_\_\_\_\_  
AT \_\_\_\_\_  
AT \_\_\_\_\_  
AT \_\_\_\_\_



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

Mitchell Taylor  
WRITTEN SIGNATURE  
MITCHELL TAYLOR  
PRINTED NAME  
Mitchell Taylor  
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 Feb 14, 1997. Morris W. Carter RECORDER

97009602  
97FEB 14 AM 11:51  
MORRIS W. CARTER  
RECORDER  
LAKE COUNTY  
FILED FOR RECORD  
INDIANA

*Handwritten initials/signature*