

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

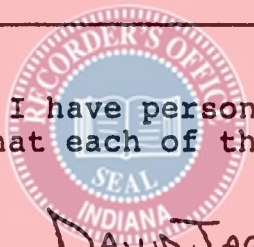
STATE OF INDIANA, COUNTY OF LAKE  
NAME OF BUSINESS: TOPROB WELDING SERVICE  
KIND OF BUSINESS: WELDING-MOBILE UNIT  
PLACE OF BUSINESS: 6735 MISSOURI AVE. HAMMENDTOWN. 46323

PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP

DAVID JAROSIEWICZ AT 6735 MISSOURI AVE.  
\_\_\_\_\_  
AT \_\_\_\_\_  
\_\_\_\_\_  
AT \_\_\_\_\_  
\_\_\_\_\_  
AT \_\_\_\_\_

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

David Jarosiewicz  
WRITTEN SIGNATURE



DAVID JAROSIEWICZ  
PRINTED NAME

Owner  
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 April 14, 1997. M. W. Carter RECORDER

97022515

MOBILE RECORDER

37 APR 14 PM 12:28

STATE OF INDIANA  
LAKE COUNTY  
FILED IN

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