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 LAME			
	NAME OF BUSINESS: SAVINGS DIRECT			
	PLACE OF BUSINESS: 18 Clint AVE Highland In 46.	. Oisc Sei	ant EVICE	
	PLACE OF BUSINESS: 9138 Clint AVE Highland IN 46.	322		
	PRINTED NAMES AND RESIDENCES OF MEMBERS OF FIRM OR PARTNERSHIP Document is			
N	Joseph R. Vates AT 9138 Clive Ave Highland In 463	722	97	
	Toseph R. Vates AT 9138 Clive Ave Highland In 463 Kelly L. Vates This Mument is the property of Spare.		035	
	AT		910	
	AT			
	AT			
	THUER'S OF	MCI	97 JL	HIERON STATE
	I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.	MCI TECC	10	
	WRITTEN SIGNATURE PRINTED NAME); Constant	PH 3	
	WRITTEN SIGNATURE PRINTED NAME	D _E	3: 27	
	CAPACITY OF SIGNER			
	THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE			

THE COMPLETED FORM MUST BE FILED IN THE OFFICE OF THE COUNTY RECORDER OF EACH COUNTY IN WHICH A PLACE OF BUSINESS OR OFFICE IF LOCATED.

FILED ON June 2, 1997. Mhi W. Carter STOER

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