

CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R7 / 4-95) State Board of Accounts Approved 1995

MANA

SUE ANNE GILROY SECRETARY OF STATE CORPORATIONS DIVISION

INSTRUCTIONS:

This certificate must first be recorded in the office of County in which a place of business or office is located.

A copy of the certificate certified by the County Recorder must be filed with the Secretary of State.

Please TYPE or PRINT.

Indiana Code 23-15-1-1, et seq.

97 OCTALOIGATEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability

MORRED TO Survey, Limited Partnership

RECEPTED TO Spring Section

Certificate - Additional

For-Profit Corporation, Limited Liability

\$30.00

\$26.00

\$15.00

| Western Tele-Communications, Inc./Retail Sales Group | | | | |
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| 3. Principal unice address of the Corporation (street address) 5619 DTC Parkway City, state and 2P code Englewood, CO 80111 Assumed business name(s) People Link by TCI 3. September and 2P code We are and 2P code C/O TCI Lake Area 6161 Cleveland Street City, state and 2P code We principal to the Companion will do business under assumed business name (street address) C/O TCI Lake Area 6161 Cleveland Street Colors at which the Copyrion will do business under assumed business name (street address) C/O TCI Lake Area 6161 Cleveland Street Colors and Colors a | 1. Name of Corporation | | | |
| Solution of Personal State of Lake Solution of Personal State of Indiana. Certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the day of | western lele-Communications, In | ./Retail Sales Gr | <u> ا - (oup</u> | -9-1 |
| Copy state and ZIP code Englewood, CO 80111 Assumed business name(s) People Link by TC1 Address at which the Copyration will do business under assumed business name (street address) C/o TCI Lake Area 6161 Cleveland Street Chy, state and ZIP code Werrillville, IN 46410 Signature To Tenned name Robert J. Lemming, Exec Vice President/COO STATE OF COLORADO COUNTY OF Arapahoe Subscribed and swom or attested to before me, this | E610 DTG D-1 | | | |
| Englewood, CO 80111 Assumed business name(s) People Link by TCI B Address at which the Corporation will do business under assumed business name (street address) C/O TCI Lake Area 6161 Cleveland Street Injustise and 2P poore Merrillville, IN 46410 Signature Robert J. Lemming, Exec Vice President/COO STATE OF | 5019 DIC Parkway | | | *********************************** |
| Assumed bouness name(s) People Link by TCI Address at which the Corporation will do business under assumed business name (street address) C/O TCI Lake Area 6161 Cleveland Street To Think the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the day of | | | | |
| People Link by TCI Address at which the Corporation will do business under assumed business name (street address) C/O TCI Lake Area 6161 Cleveland Street Toler and Street Werrillville, IN 46410 Signature Robert J. Lemming, Exec Vice President/COO STATE OF COLORADO COUNTY OF Arapahoe Subscribed and swom or attested to before me, this 30th Subscribed and swom or attested to before me, this 30th Wy Notarnal Commission Express My County of Residence is: ILEGATIANO S Recorder of Lake County, State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the | Englewood, CO 80111 | | | |
| Social as which the Corporation will do business under assumed business name (street address) C/O TCI Lake Area 6161 Cleveland Street Tity, state and ZiP code Mertrillville, IN 46410 7. Printed name Robert J. Lemming, Exec Vice President/COO STATE OF COLORADO COUNTY OF Arapahoe Subscribed and swom or attested to before me, this 30th Notary Public Any Commission Expires Sept. 10, 1998 TOBY & Grape Way Infertin, Ordinardo Boliza I | | | | • |
| C/O TCI Lake Area 6161 Cleveland Street Chy, state and ZP poole Merrilly 111e, IN 46410 Signature Robert J. Lemming, Exec Vice President/Coo STATE OF | | | | |
| In the sand ZIP code Merri II Ville, IN 46410 Signature Robert J. Lemming, Exec Vice President/Coo STATE OF | | | | |
| Signature Robert J. Lemming, Exec Vice President/C00 STATE OF | Chiefer and 200 and | Street | *************************************** | ·************************************* |
| 7. Printed name Robert J. Lemming, Exec Vice President/C00 | | | | |
| Robert J. Lemming, Exec Vice President/C00 STATE OF | | 12.0 | | |
| STATE OF | e. Signature | . | ndaa Poola IIdaa | D |
| SS: Subscribed and sworn or attested to before me, this | KADUJ C | Robert J. Lem | ning, Exec Vice | President/COO |
| SS: Subscribed and sworn or attested to before me, this | | | | |
| SS: Subscribed and sworn or attested to before me, this | STATE OF COLORADO | | | |
| Subscribed and sworn or attested to before me, this | | 99· | | |
| Subscribed and swom or attested to before me, this | COUNTY OF Arapahoe | 33. | | |
| Notary Public My Notarial Commission Expires: My Commission Expires Sept. 10, 1998 My County of Residence Is: I | | | _ | |
| Notary Public My Notarial Commission Expires: My Commission Expires Sept. 10, 1998 My County of Residence is: I | Subscribed and sworn or attested to before me, this | 30th | tember | .19 97 . |
| My Notanal Commission Expires: My Commission Expires Sept. 10, 1998 My Country of Residence Is: | | See A A T | . Va | , , , , , , , , , , , , , , , , , , , , |
| My Notanal Commission Expires: My Commission Expires Sept. 10, 1998 My Country of Residence Is: | Notary Public | | | |
| TOBY S. Graps No.) My County of Residence is: I | IAMAN ALAMICA. | | ic. I | |
| It is the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the | My Notanal Commission Expires: My Commission Expires Se | X-10, 1998 JEAN | | |
| I, | 7087 S. Girada Way | A / MUEL | LER / | |
| I | My County of Residence is: /) | 121 | /o# | |
| i | HRAPANOE. | Mark Street | | |
| certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the | | OF CO | TOTAL PROPERTY. | |
| certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the | | | | |
| certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the | | | _ | |
| day of Recorder Signature | j | , Recorder of Lake | <u> </u> | County, State of Indiana, |
| day of Recorder Signature | | | | |
| Recorder Signature | certify that the foregoing is a true copy of the Certificate of A | ssumed Business Name recorded i | n my office on the | |
| Recorder Signature | | | | |
| | day of | . 19 | | |
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| This instrument was prepared by: | Recorder Signature | | A | · · · · · · · · · · · · · · · · · · · |
| This instrument was prepared by: | | | | |
| This instrument was prepared by: | | | | |
| This instrument was prepared by: | | | | |
| This instrument was prepared by: | | | | ······································ |
| | This instrument was prepared by: | ···· | | |

Central Indiana Paradegal Sew. Fre. 55 Monument Circle ste. 1424 Indianapolis, In. 46204

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