



CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R7 / 4-95)

State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

This certificate must first be recorded in the office of County Recorder of each 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.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00
Certificate - Additional	\$15.00

1. Name of Corporation <u>Kenites Coachlines</u>	2. Date of incorporation / admission <u>07/26/96</u>
3. Principal office address of the Corporation (street address) <u>4953 Madison St.</u>	
City, state and ZIP code <u>Cory, Indiana 46408-3321</u>	
4. Assumed business name(s) <u>Kenites Charter & Tours</u>	
5. Address at which the Corporation will do business under assumed business name (street address) <u>4353 Madison St.</u>	
City, state and ZIP code <u>Cory, In 46408-3321</u>	
6. Signature <u>Lester Kinsey</u>	7. Printed name <u>Lester Kinsey</u>

97072269

STATE OF Indiana

COUNTY OF Lake SS:

Subscribed and sworn or attested to before me, this 23rd day of October, 1996

Notary Public
Spilonda J. Dowd

My Notarial Commission Expires:
May 5, 2000

My County of Residence is:
Lake

NOTARY PUBLIC STATE OF INDIANA
- LAKE COUNTY -
MY COMMISSION EXPIRES
OCT 21 1996
STATE OF INDIANA
LAKE COUNTY
RECORD

I, _____, Recorder of _____ 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 _____
day of _____ 19____.

Recorder Signature

This instrument was prepared by:

9.00
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