



**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)**

State Form 30353 (R7 / 4-95)

State Board of Accounts Approved 1995

**STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD**

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.

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97 DEC 23 AM 11:47
Indiana Code 23-15-1-1, et seq.

FILING FEES PER CERTIFICATE:
MORRIS
For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00
Not-For-Profit Corporation \$26.00
Certificate - Additional \$15.00

1. Name of Corporation TDK Graphics Inc.	2. Date of incorporation / admission 10/23/97
3. Principal office address of the Corporation (street address) 1194 N. Main St. City, state and ZIP code Crown Point, IN 46307	
4. Assumed business name(s) Kwik Kopy Printing #974	
5. Address at which the Corporation will do business under assumed business name (street address) 1194 N. Main St. City, state and ZIP code Crown Point, IN 46307	
6. Signature <i>Darwin L. Koedyker</i>	7. Printed name Darwin L. Koedyker

STATE OF Indiana

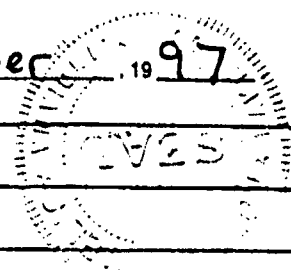
COUNTY OF Lake SS:

Subscribed and sworn or attested to before me, this 23rd day of December, 1997
Karen R. Millan, Karen R. Millan

Notary Public
01/16/99

My Notarial Commission Expires
Lake County

My County of Residence is:



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:

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