

CERTIFICATE OF ASSUMED BUSINESS NAME

for persons (sole proprietorships, associations, or general partnerships) engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF LAKE

NAME OF BUSINESS: TEPCAD

NATURE OF BUSINESS: Computer Aided Drafting

ADDRESS OF BUSINESS: 8697 Hawley Lane Crown Point, IN 46307-1542

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

→ Thomas E. Plamer at ~~above address (residence)~~
 at 8697 Hawley Lane
 at Crown Point IN 46307-1542
 at _____

FORM PREPARED BY: Thomas E. Plamer

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC OR COUNTY RECORDER

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

Thomas E. Plamer Thomas E. Plamer OWNER/PRES.
 Member's Signature Printed Name Capacity

Subscribed and sworn to before me, this 13th day of April, 1998.

Lonnie P. Carter Lonnie P. Carter Lake
 Signature of Notary/Recorder Printed Name County of Residence

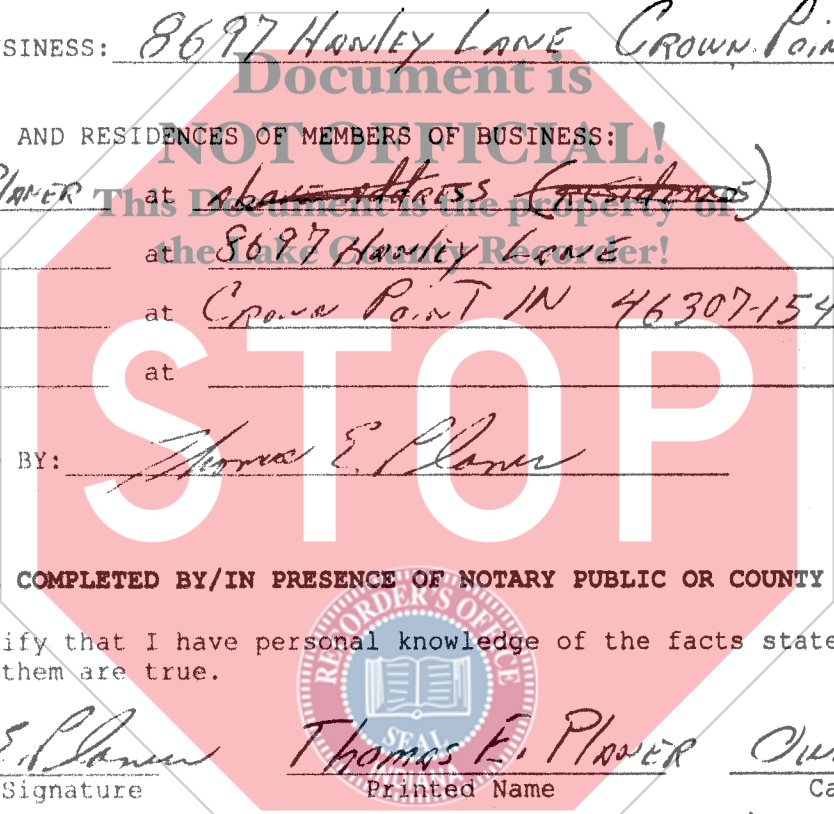
NOTARY PUBLIC STATE OF INDIANA
 LAKE COUNTY (Notary expires 2001) my commission expires 4-1-2001
 MY COMMISSION EXP. DATE 1997

Filed on April 13, 1998. Lonnie W. Carter
 Recorder

Previous/Next

98025614

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 APR 13 AM 10:10



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