



CERTIFICATE OF ASSUMED BUSINESS NAME

State Form 30353 (R6 / 10-93)
State Board of Accounts Approved 1987

Provided by _____ Secretary of State
SECRETARY OF STATE OF INDIANA
CORPORATIONS DIVISION
302 W. WASHINGTON ST., RM. E018
INDIANAPOLIS IN 46204
TELEPHONE: (317) 232-6576

INSTRUCTIONS: (CORPORATIONS ONLY)

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, Indiana Code 23-15-1-1.

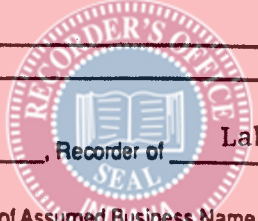
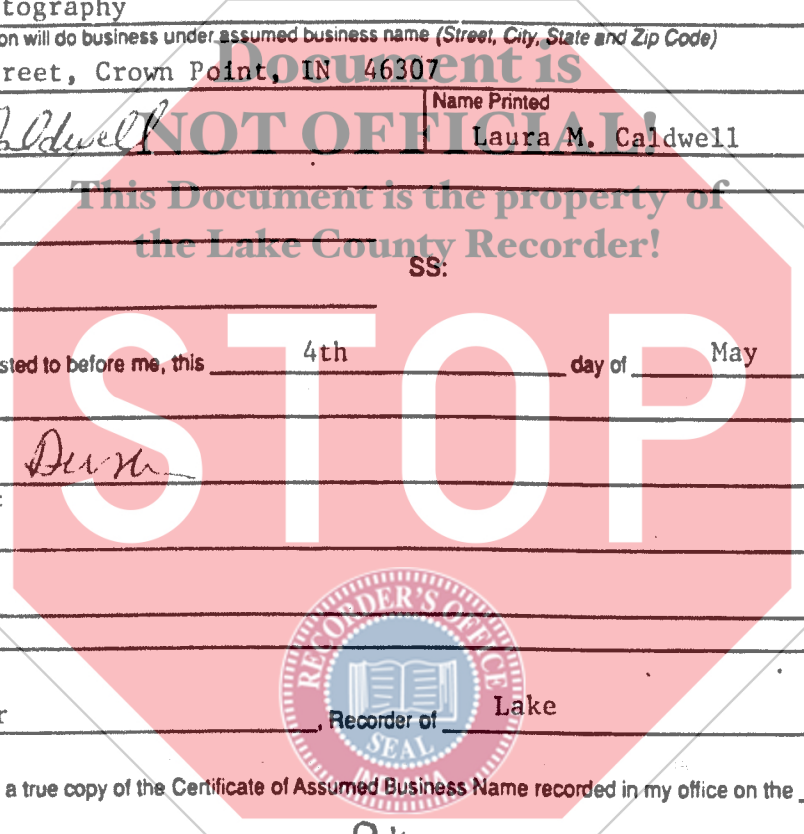
Fee for filing with Secretary of State is: \$30.00, for For-Profit Corporations or \$26.00, for Not-For-Profit Corporations. A certificate issued by the Secretary of State is an additional \$15.00.

1. Name of Corporation Magic Moments, Inc.		2. Date of Incorporation / Admission March 23, 1998	
3. Principal Office Address of the Corporation (Street, City, State Zip Code) . 10761 Randolph Street, Crown Point, IN 46307			
4. Assumed Business Name(s) Magic Moments Photography			
5. Address at which the Corporation will do business under assumed business name (Street, City, State and Zip Code) 10761 Randolph Street, Crown Point, IN 46307			
6. Signature <i>Laura M. Caldwell</i>		Name Printed Laura M. Caldwell	

STATE OF Indiana
 COUNTY OF Lake
 Subscribed and sworn or attested to before me, this 4th day of May 1998.

Notary Public
Carl E. Dunn
 My Notarial Commission Expires:
1-23-2008
 My County of Residence is:
Porter

6574086
9806459



I, Morris Carter, 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 3rd
 day of June 1998.

Recorder Signature
Morris W. Carter

This instrument was prepared by
Richard E. Svetanoff, Attorney at Law

900
Sent Cash