



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 The Amber Pyramid, Inc.	2. Date of Incorporation / Admission 7-29-97
3. Principal Office Address of the Corporation (Street, City, State Zip Code). 8418 Maple Avenue, Gary, IN 46403	
4. Assumed Business Name(s) Cousin Morris' New Orleans Treats	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and Zip Code) 8418 Maple Avenue, Gary, IN 46403	
6. Signature	Name Printed Nona Ocloo

STATE OF Indiana

COUNTY OF Lake

Subscribed and sworn or attested to before me, this 20th day of August, 19 97.

Notary Public

Carol E. Duxon

My Notarial Commission Expires:

January 23, 1998

My County of Residence is:

Porter



980+6007

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 JUN 18 11 1:18
MORRIS W. CARTER
RECORDER

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

day of _____ 19 _____

Recorder Signature

This instrument was prepared by

Richard E. Svetanoff, Attorney at Law

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