



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. E-18
Indianapolis, IN 46204
Telephone: (317) 232-6578

STATE OF INDIANA
LAKE COUNTY
FILED
Indiana Code 23-15-1-1, et seq.

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.

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 <i>Master Remodeling</i> | 2. Date of Incorporation / admission <i>JAN 1 1999</i> |
| 3. Principal office address of the Corporation (street address) <i>71 W US Hwy 6 #485</i> | |
| City, state and ZIP code <i>WALPO IN 46583</i> | |
| 4. Assumed business name(s) <i>ALAN Buckmaster</i> | |
| 5. Address at which the Corporation will do business under assumed business name (street address) <i>71 W US Hwy 6</i> | |
| City, state and ZIP code <i>WALPO IN 46583</i> | |
| 6. Signature <i>Alan Buckmaster</i> | 7. Printed name <i>ALAN BUCKMASTER</i> |



STATE OF INDIANA SS:

COUNTY OF LAKE

Subscribed and sworn or attested to before me, this 2 day of SEPTEMBER 19 99.

Barbara J. Bortoli
Notary Public
5-19-08
My Notarial Commission Expires: LAKE
My County of Residence is:

BARBARA J. BORTOLI
Notary Public, State of Indiana
County of Lake
My Commission Expires 05/19/2008

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:

10.00
C.P.
CS