



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. EC18
Indianapolis, IN 46204
Telephone: (317) 232-6578

STATE OF INDIANA
LAW OFFICE
FILED

99073806

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.

99 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 <u>Partnership</u>	2. Date of incorporation / admission <u>9-3-99</u>
3. Principal office address of the Corporation (street address) <u>18356 Lenore Ln.</u> City, state and ZIP code <u>TINLEY PARK IL 60477</u>	
4. Assumed business name <u>Document of Construction</u>	
5. Address at which the Corporation will do business under assumed business name (street address) <u>18356 Lenore Ln.</u> City, state and ZIP code <u>TINLEY PARK IL 60477</u>	
6. Signature <u>William D. Zertz</u>	7. Printed name <u>William D. Zertz</u>

STATE OF Indiana

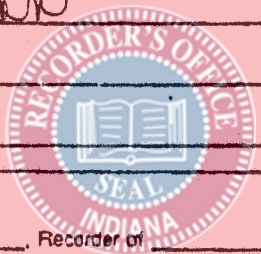
COUNTY OF Lake SS:

Subscribed and sworn or attested to before me, this 7th day of September 19 99.

Notary Public: David H Moran

My Notarial Commission Expires: 3/29/08

My County of Residence is: Lake



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: 2732 165th St. Hammond IN 46325

↓
Jack's Wholesale Windows

10.00
C.P.
CS