



CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)

State Form 30353 (R7 / 4-85)
State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E
Indianapolis, IN 46204
Telephone: (317) 232-6576

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.

Indiana Code 23-15-1-1, et seq.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership \$3
Not-For-Profit Corporation \$2
Certificate - Additional \$1

1. Name of Corporation <i>R+J Construction</i>	2. Date of incorporation / admission <i>09 15 56</i>
3. Principal office address of the Corporation (street address) <i>1620-3 Cleve Ave</i>	
City, state and ZIP code <i>Schererville, IN 46375</i>	
4. Assumed business name(s)	
5. Address at which the Corporation will do business under assumed business name (street address)	
City, state and ZIP code	
6. Signature <i>Ron Lewis</i>	7. Printed name <i>Ron Lewis</i>

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STATE OF Indiana SS: _____

COUNTY OF Lake

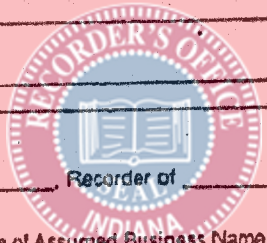
Subscribed and sworn or attested to before me, this 27th day of September 1999

Notary Public: David R. Moran

My Notarial Commission Expires: 3/29/08

My County of Residence is: Lake

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
99 OCT -4 PM 3:11
MORAN, DAVID R.
NOTARY PUBLIC



I, _____ Recorder of _____ County, State of Indian

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
E.P.
CS