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MORRIS W. CARTER  
RECORDER



**CERTIFICATE OF ASSUMED BUSINESS NAME  
(All Corporations)**

State Form 30353 (R8 / 6-97)

State Board of Accounts Approved 1995

SUE ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

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


**INSTRUCTIONS:**

- 1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
- 2. FEES ARE PER ASSUMED NAME. Please make check or money order payable to: Indiana 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, LLC or LP <b>St. Julien's Enterprise INC.</b>	2. Date of incorporation / admission
3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) <b>1044 Hamilton Pl</b>	
City, state and ZIP code <b>Gary IN 46403</b>	
4. Assumed business name(s) (\$30.00 per name) <b>Illiana Mortgage Corp. Equity Corp.</b>	
5. Principal office address of the Corporation, LLC, LP (street address) <b>19261 S. Burnham Ave. Ste 455</b>	
City, state and ZIP code <b>Lansing MI 48106</b>	
6. Signature <i>[Signature]</i>	7. Printed name <b>Keith St. Julien</b>

STATE OF <u>Indiana</u>	
COUNTY OF <u>Lake</u>	
Subscribed and sworn or attested to before me, this <u>13<sup>th</sup></u> day of <u>October</u> , 19 <u>99</u>	
Notary Public <i>[Signature]</i>	
My Notarial Commission Expires: <u>May 5, 2000</u>	My County of Residence is: <u>Lake</u>
This instrument was prepared by:	

9.00  
E.P.  
CS