



CERTIFICATE OF ASSUMED BUSINESS NAME

(All Corporations)

State Form 30353 (R7 / 4-95)

State Board of Accounts Approved 1995

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm.
Indianapolis, IN 46204
Telephone: (317) 232-6678

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.

STATE
LAKE
FILED 99 OCT 15
99 OCT 15
MONIE W. CASTLE
RECORDER

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

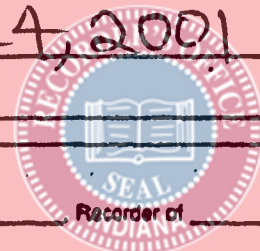
FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership \$:
Not-For-Profit Corporation \$:
Certificate - Additional \$:

1. Name of Corporation	2. Date of Incorporation / admission
3. Principal office address of the Corporation (street address) 2475 Pike St. City, state and ZIP code L. STATION IN. 46405	
4. Assumed business name(s) Husband & wife	
5. Address at which the Corporation will do business under assumed business name (street address) City, state and ZIP code	
6. Signature <i>[Signature]</i>	7. Printed name Steve W. Rogels

STOP
This Document is the property of the Lake County Recorder!

STATE OF Indiana
 COUNTY OF Lake SS:
 Subscribed and sworn or attested to before me, this 15th day of October, 1999
 Notary Public: Thalia L. Moore
 My Notarial Commission Expires: June 24, 2001
 My County of Residence is: Lake
 THALIA L. MOORE
 NOTARY PUBLIC STATE OF INDIANA
 LAKE COUNTY
 MY COMMISSION EXP. JUNE 24, 2001



I, _____ Recorder of _____ County, State of India
 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:

Jacks w Hotesate w/ N Dows
2732 165TH ST.
HARRIS IN. ~~ST.~~
46320

10.00
E.P.
CS