



**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. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

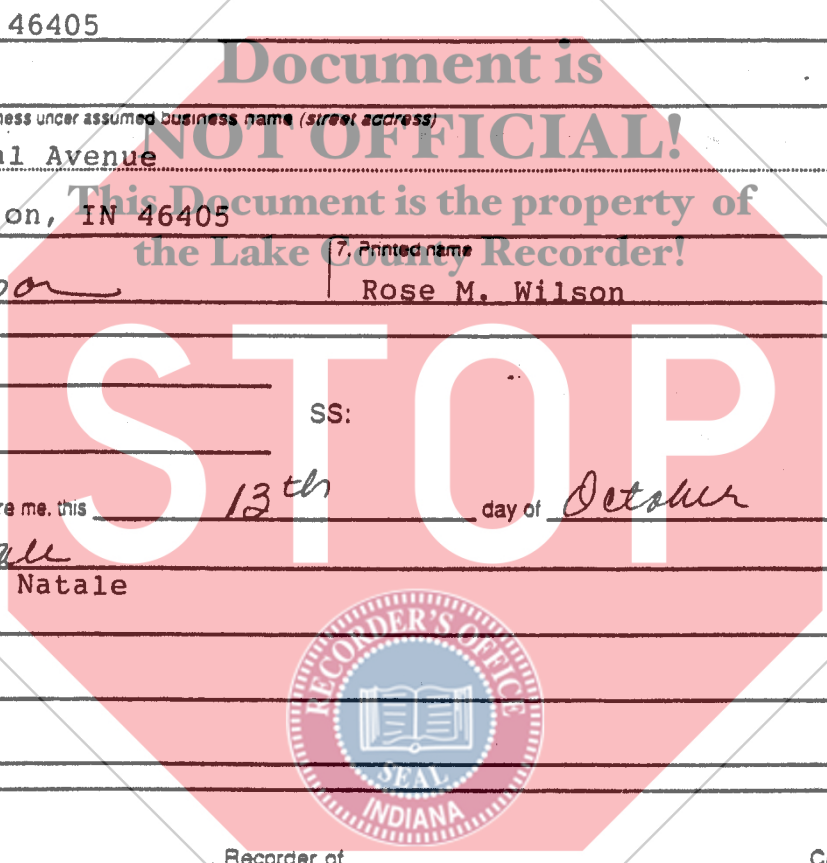
INSTRUCTIONS:

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.

99085286

STATE OF INDIANA
Indiana Code 23-15-1-1, et seq.
LAKE COUNTY
FILED FILING FEES PER CERTIFICATE:
For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00
Not-For-Profit Corporation \$26.00
Certificate - Additional \$15.00
MOORE, J. CARTER

1. Name of Corporation MEME'S, INC.	2. Date of incorporation / admission 6/24/99
3. Principal office address of the Corporation (street address) 727 Central Avenue City, state and ZIP code Lake Station, IN 46405	
4. Assumed business name(s) MEME'S LIQUORS	
5. Address at which the Corporation will do business under assumed business name (street address) 727 Central Avenue City, state and ZIP code Lake Station, IN 46405	
6. Signature <i>Rose M. Wilson</i>	7. Printed name Rose M. Wilson



STATE OF INDIANA
 COUNTY OF LAPORTE SS:
 Subscribed and sworn or attested to before me, this 13th day of October, 19 99.
Priscilla A. Natale
 Notary Public **Priscilla A. Natale**
 My Notarial Commission Expires: **7-31-00**
 My County of Residence is: **LaPorte**



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:

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