



**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. 1  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

**INSTRUCTIONS:**

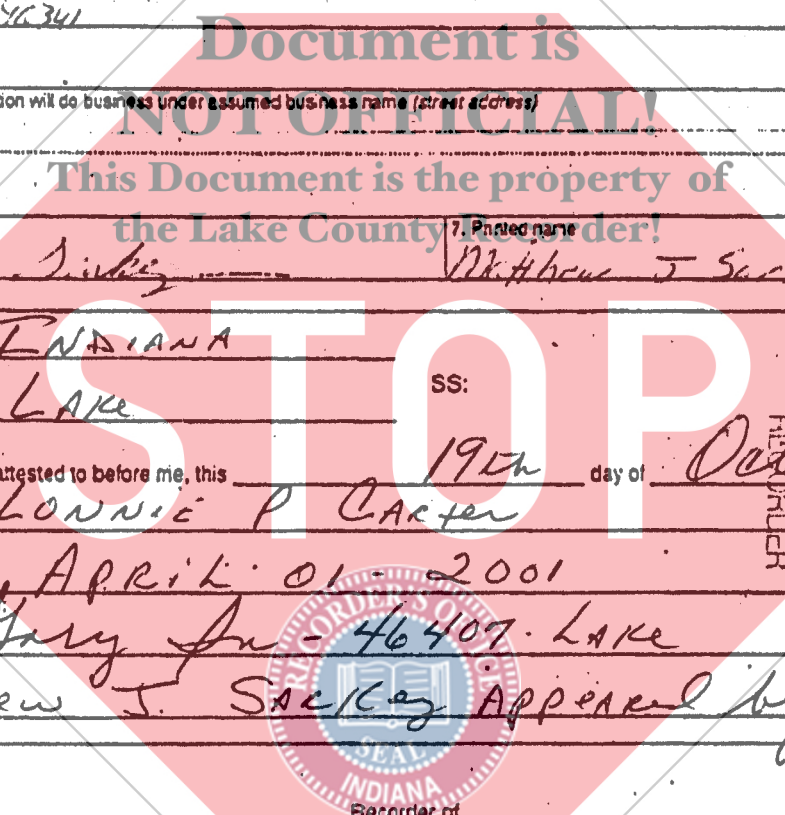
This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located.  
A copy of the certificate certified by the County Recorder must be filed with the Secretary of State.  
Please TYPE or PRINT.

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>SFL CONSTRUCTION</i>	2. Date of incorporation / admission <i>99085899</i>
3. Principal office address of the Corporation (street address) <i>McHenry J Sackey 512 W. Columbus</i>	
City, state and ZIP code <i>Harro IL 46341</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>Matthew J Sackey</i>	7. Printed name <i>Matthew J Sackey</i>



STATE OF INDIANA SS: \_\_\_\_\_

COUNTY OF LAKE

Subscribed and sworn or attested to before me, this 19th day of October 1999

Lonnie P Carter  
Notary Public

My Notarial Commission Expires April 01 - 2001

My County of Residence is Harro IL - 46407-Lake

Matthew J Sackey appeared before me

STATE OF INDIANA  
FILED  
99 OCT 19 AM 10:27  
My Commission Expires 4/01/01  
MORNING  
FILED  
RECORDER  
Lonnie P Carter  
Notary Public  
Lake County, Indiana

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:

10.00  
00.00  
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