STATE OF INDIANA LAKE COUNTY FILED FOR RECORL

99087359

99 OCT 22 PH 3: 41

MORRIS W. CARTER RECORDER



CERTIFICATE OF ASSUMED BUSINESS NAME (All Corporations)

State Form 30353 (R8 / 9-97) 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

\$26.00

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M.31		1611	ONS:

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.

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

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company Limited Partnership \$30.00 Not-For-Profit Corporation

	NOI	OFFIC	Certificate - Additional	\$15.00
1. Name of Corporation, LLC or LP JOHN MALLE INSTR	UCTION, INCOCU	ment is the p	2. Date of incorporation (admission	
3. Address at which the Corporation,LLC, 603 North Main S	LP will do business or have an officer	se in Indiana. If no office in Indi	ians, then state current registered address (stre	et address)
City, state and ZIP code Crown Point, IN				
4. Assumed business name(s) (\$30.00 pe John Mallee's Pr				
5. Principal office address of the Corporati 603 North Main S				
City, state and ZIP code Crown Point, IN	46307-3233	THE R.C.		
6. Signature John Mal	lae	7. Printed name Jo	hn Mallee	
			·	
STATE OF INDI		SEAL SEANALULUS	111	ABLANCE OF
Subscribed and sworn or attested t		2nd	day of October	_,19 <u>.99</u>
Notary Public West Con	····		ard P. Grimmer	•/
My Notarial Commission Expires: 10/29/2001		My County of R	esidence is: ake	

his instrument was prepared by:

≥ Edward P. Grimmer, Attorney at Law, Attorney No. 7311-45