



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. EC1
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 \$30.
Not-For-Profit Corporation \$26.
Certificate - Additional \$15.

1. Name of Corporation: <u>COMPANY</u>	2. Date of incorporation / admission: <u>1,04,00</u>
3. Principal office address of the Corporation (street address): <u>COMPANY</u>	2000 000307
City, state and ZIP code: <u>256 Williams St. Hammond IN 46320</u>	
4. Assumed business name(s): <u>DAVID STRINGER</u>	
5. Address at which the Corporation will do business under assumed business name (street address): <u>DAVID STRINGER</u>	2000 000307
City, state and ZIP code: <u>SIEMEN</u>	
6. Signature: <u>David N. Stringer</u>	7. Printed name: <u>David N. Stringer</u>

STATE OF INDIANA SS: _____

COUNTY OF LAKE

Subscribed and sworn or attested to before me, this 4 day of JANUARY

Notary Public: Lonnie P. Carter
Notary Public, State of Indiana
Lake County
My Commission Exp. 04/01/2001

My Notarial Commission Expires: 4-1-2001

My County of Residence is: Lake

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2000 JAN 4
 MOREHEAD
 REC'D

I, MORRIS W. CARTER, Recorder of LAKE 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 4TH day of JANUARY XX 2000.

Recorder Signature: Morris W. Carter

This instrument was prepared by: _____

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