



**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. E01  
Indianapolis, IN 46204  
Telephone: (317) 232-6578

**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 <b>NATIONAL ACOUSTICAL CONTRACTORS, INC.</b>	2. Date of incorporation / admission
3. Principal office address of the Corporation (street address) <b>P.O. Box 534 (3924 W. 145th St.)</b>	2000012231
City, state and ZIP code <b>Midlothian, IL 60445</b>	
4. Assumed business name(s) <b>NATIONAL ACOUSTICAL CONTRACTORS, INC.</b>	
5. Address at which the Corporation will do business under assumed business name (street address) <b>3924 W. 145th St.</b>	
City, state and ZIP code <b>Midlothian, IL 60445</b>	
6. Signature <i>[Signature]</i> <b>PROJECT MANAGER</b>	7. Printed name <b>JAMES L. MATTHEWS</b>

STATE OF Illinois

COUNTY OF DuPage SS: \_\_\_\_\_

Subscribed and sworn or attested to before me, this 14th day of June, 2000.

Notary Public, Robyn Gale Lorr

My Notarial Commission Expires: 7-28-01

My County of Residence is: DuPage

**OFFICIAL SEAL**  
**ROBYN GALE LORR**  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 07/28/01

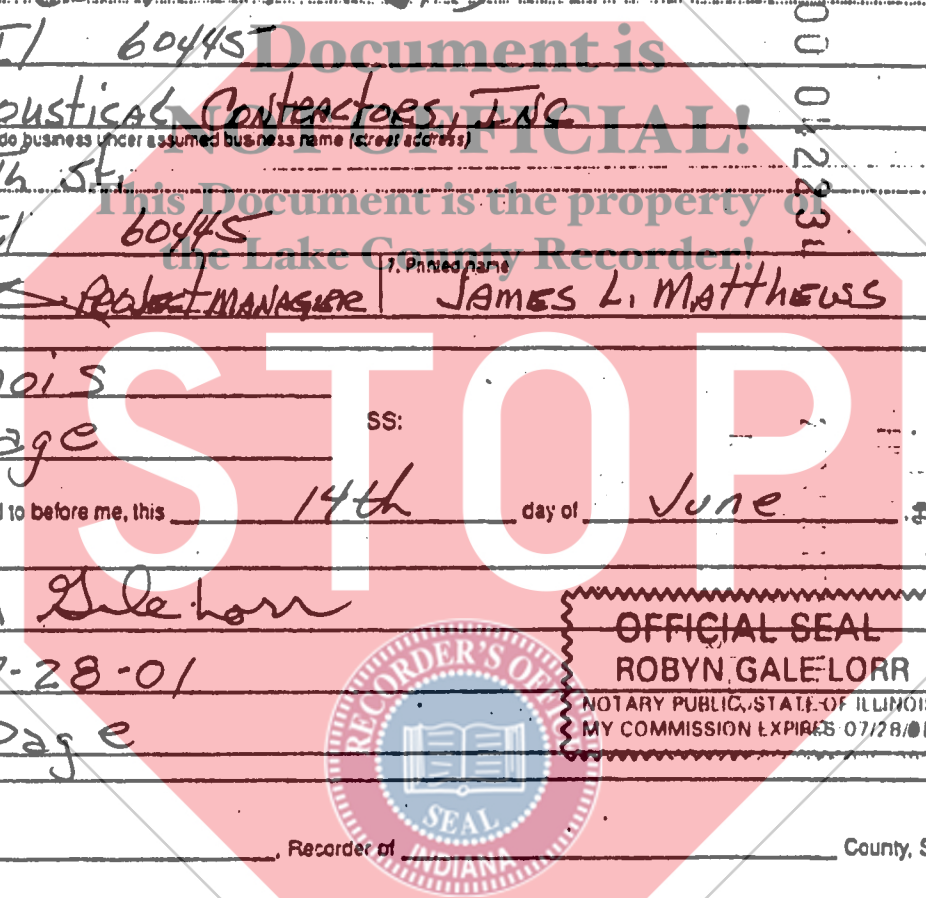
I, \_\_\_\_\_, Recorder of \_\_\_\_\_ County, State of Indiana,

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: \_\_\_\_\_



10<sup>00</sup> 05

U.S.

# QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 14 day of June , 2000 (year),

by first party, Grantor, Jane Szymanski

whose post office address is 2770 W. 63rd Avenue  
Merrillville, IN 46410

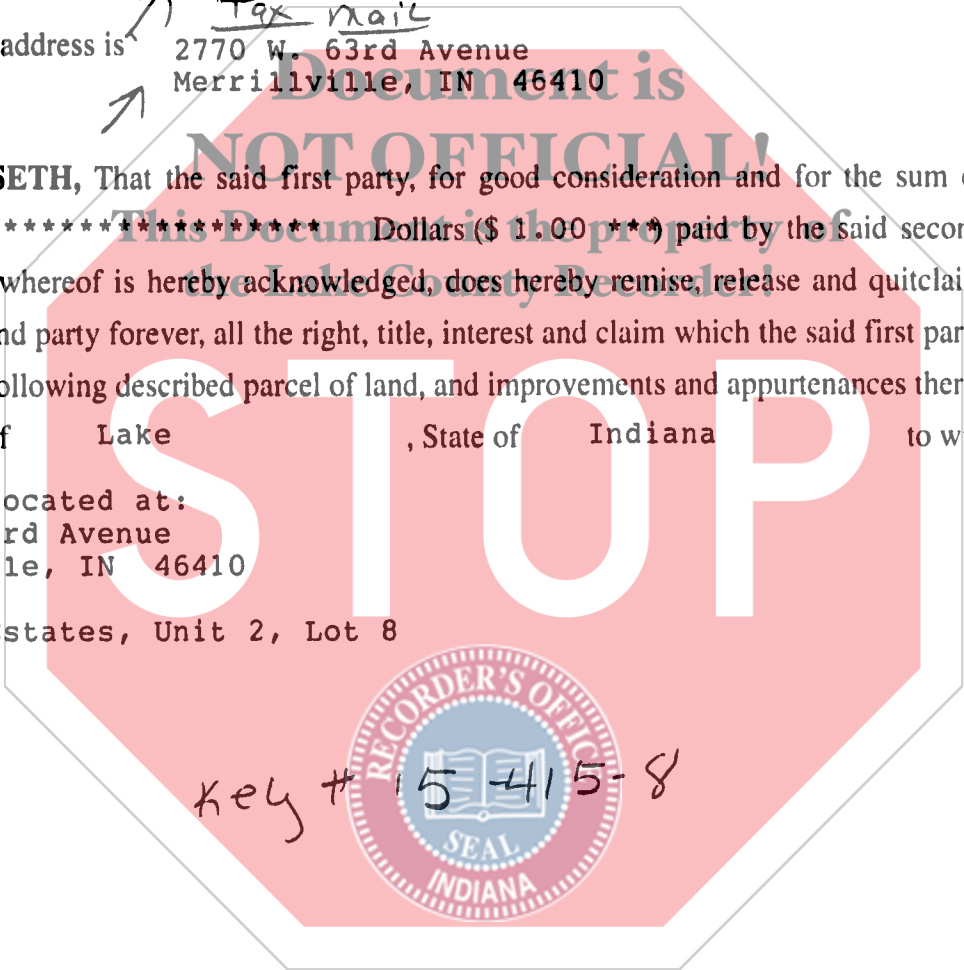
to second party, Grantee, Dennis L. Szymanski

whose post office address is <sup>Tax mail</sup> 2770 W. 63rd Avenue  
Merrillville, IN 46410

WITNESSETH, That the said first party, for good consideration and for the sum of  
One \*\*\*\*\* Dollars (\$ 1.00 \*\*\*) paid by the said second  
party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim  
unto the said second party forever, all the right, title, interest and claim which the said first party  
has in and to the following described parcel of land, and improvements and appurtenances there-  
to in the County of Lake , State of Indiana to wit:

Property located at:  
2770 W. 63rd Avenue  
Merrillville, IN 46410

Bel-Oaks Estates, Unit 2, Lot 8



AQHH (1)

Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



01235

JUN 15 2000

Handwritten signature/initials: JS. 16/00

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Michelle L Sullivan  
Signature of Witness

Michelle L Sullivan  
Print name of Witness

Victoria Lee Morales  
Signature of Witness

VICTORIA LEE MORALES  
Print name of Witness

Jane Szymanski  
Signature of First Party

JANE SZYMANSKI  
Print name of First Party

\_\_\_\_\_  
Signature of First Party

\_\_\_\_\_  
Print name of First Party

State of Indiana )  
County of Porter

On June 14, 2000 before me, Kristine Smith  
appeared Jane Szymanski

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Kristine Smith  
Signature of Notary

Commission Expires 12/03/07

Affiant        Known XX Produced ID  
Type of ID Drivers License  
(Seal)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_  
On \_\_\_\_\_  
appeared \_\_\_\_\_

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WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant        Known        Produced ID  
Type of ID         
(Seal)

Aurora G. Kittredge  
Signature of Preparer

Aurora G. Kittredge  
Print Name of Preparer

155 Lexington St. Valparaiso, IN  
Address of Preparer

(2)

-----  
If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

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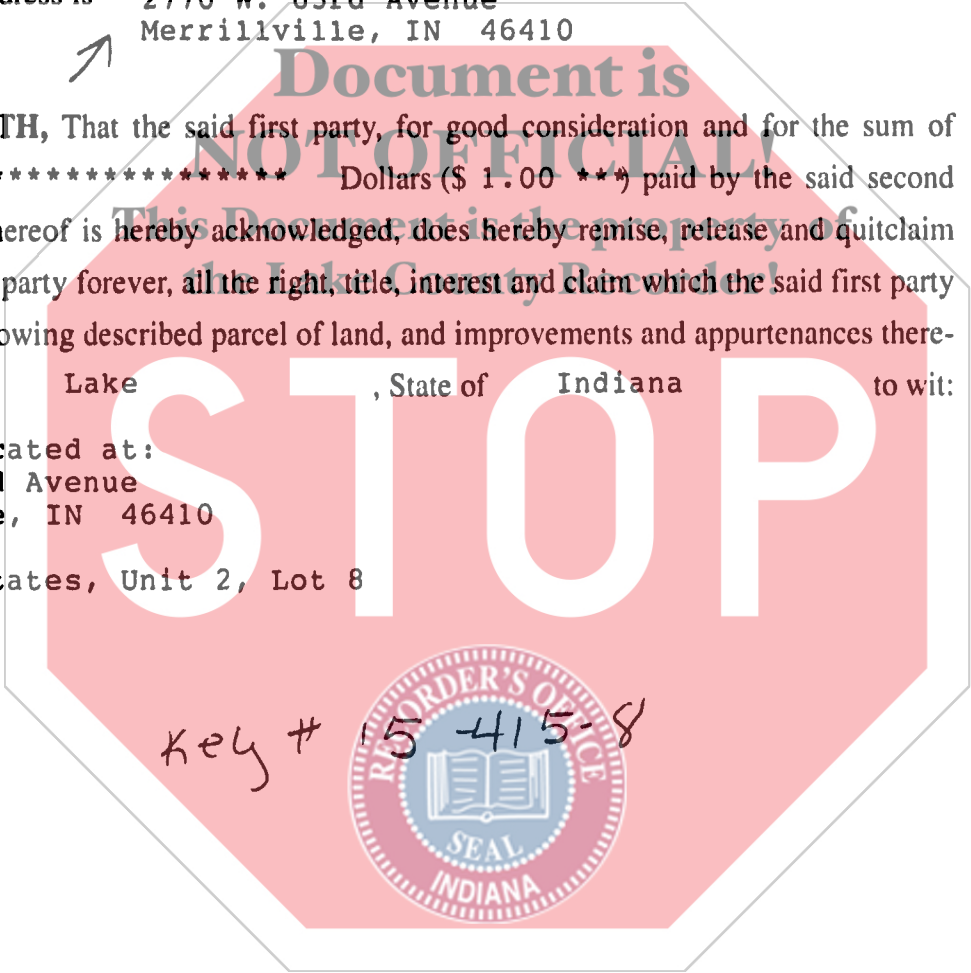
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AQHH (1)

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JUN 15 2000

1233

Handwritten signature: JS. 16/00

Michelle L Sullivan  
Signature of Witness

Michelle L Sullivan  
Print name of Witness

Victoria Lee Morales  
Signature of Witness

VICTORIA LEE MORALES  
Print name of Witness

Jane Szymanski  
Signature of First Party

JANE SZYMANSKI  
Print name of First Party

\_\_\_\_\_  
Signature of First Party

\_\_\_\_\_  
Print name of First Party

State of Indiana )  
County of Porter  
On June 14, 2000 before me, Kristine Smith  
appeared Jane Szymanski

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WITNESS my hand and official seal.

Kristine Smith  
Signature of Notary

Commission Expires 12/03/07 Affiant \_\_\_\_\_ Known XX Produced ID  
Type of ID Drivers License (Seal)

State of \_\_\_\_\_  
County of \_\_\_\_\_  
On \_\_\_\_\_  
appeared \_\_\_\_\_

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\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID  
Type of ID \_\_\_\_\_ (Seal)



Aurora G. Kittredge  
Signature of Preparer

Aurora G. Kittredge  
Print Name of Preparer

155 Lexington St. Valparaiso, IN  
Address of Preparer