



**CERTIFICATE OF ASSUMED BUSINESS NAME**  
 (All Corporations)  
 State Form 30353 (R7 / e-95)  
 State Board of Accounts Approved 1995

SUE ANNE GILROY  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 302 W. Washington St., Rm.  
 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.

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD

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

**FILING FEES PER CERTIFICATE:**

For-Profit Corporation, Limited Liability Company, Limited Partnership \$:  
 Not-For-Profit Corporation \$:  
 Certificate - Additional \$:

2000 JUL 19

MORRIS W. GILROY

1. Name of Corporation: **SUPERIOR QUALITY SIDING AND WINDOWS**

2. Date of Incorporation / admission: **7/14/2000**

3. Principal office address of the Corporation (street address):  
**8047 MONALDI DRIVE**  
 City, state and ZIP code: **MUNSTER IN 46321**

4. Assumed business name(s): **SAME**

5. Address at which the Corporation will do business under assumed business name (street address):  
**SAME**  
 City, state and ZIP code:

6. Signature: *Paul Zyza* 7. Printed name: **PAUL ZYZALO**

STATE OF **INDIANA**

COUNTY OF **LAKE** SS:

Subscribed and sworn or attested to before me, this **14th** day of **JULY**, 19 **2000**

Notary Public: *James O. White*

My Notarial Commission Expires: **9/11/2001**

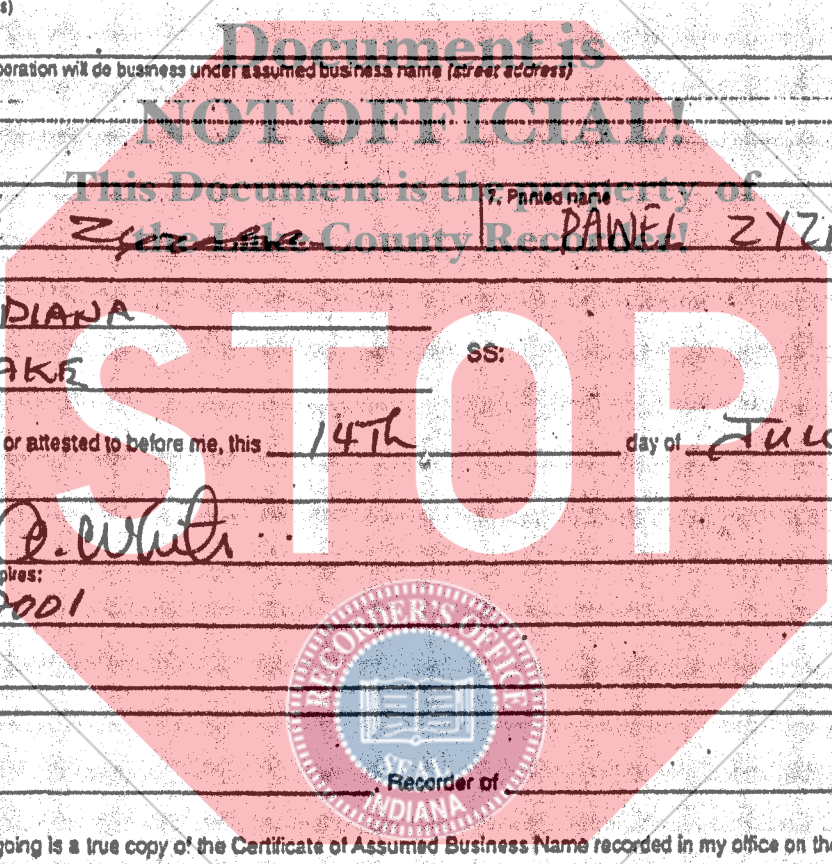
My County of Residence is: **LAKE**

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:



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