



# 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. E  
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	\$3
Not-For-Profit Corporation	\$2
Certificate - Additional	\$1

1. Name of Corporation <i>TAT CONSTRUCTION</i>	2. Date of Incorporation / admission <i>6-6-98</i>
3. Principal office address of the Corporation (street address) <i>7706 W 124 AVE</i>	
City, state and ZIP code <i>CLAWN POINT IN 46307</i>	
4. Assumed business name(s) <i>TAT CONSTRUCTION</i>	
5. Address at which the Corporation will do business under assumed business name (street address) <i>7706 W 124 AVE</i>	
City, state and ZIP code <i>CLAWN POINT IN 46307</i>	
6. Signature <i>Terry Neil</i>	7. Printed name <i>TERRY NEIL</i>

2000 065458

STATE OF INDIANA

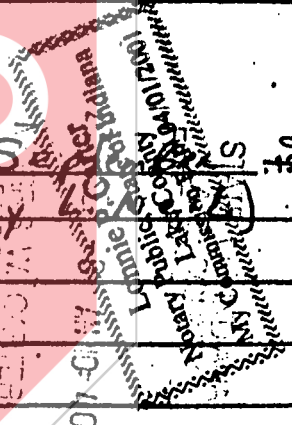
COUNTY OF LAKE SS:

Subscribed and sworn or attested to before me, this 8 day of SEP 2000

*Shirley P. Cook* (APPEARER *TERRY NEIL*)  
Notary Public

My Notarial Commission Expires: 4-1-2001

My County of Residence is: Lake



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: *Malvin W. Carter*

This instrument was prepared by:

*12.00*  
*C.S. AC*