



CERTIFICATE OF ASSUMED BUSINESS NAME

(All Corporations)

State Form 30353 (R7/4-95)

State Board of Accounts Approved 1995

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. 1
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.

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2000 OCT 10 AM 11:31

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

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\$:
\$:

MORRIS W. CARTER
RECORDER

1. Name of Corporation <i>Quality Exterior Designs</i>	2. Date of Incorporation / admission <i>10-10-2000</i>
3. Principal office address of the Corporation (street address) <i>8197 Alpine Ln 46424</i>	
City, state and ZIP code <i>Crown Point IN 46307</i>	
4. Assumed business name(s) <i>Jerry Mansbridge DBA Quality Exterior Designs</i>	
5. Address at which the Corporation will do business under assumed business name (street address) <i>8197 Alpine Ln 46424</i>	
City, state and ZIP code <i>8197 Crown Point IN 46307</i>	
6. Signature <i>Jerry Mansbridge</i>	7. Printed name <i>Jerry Mansbridge</i>

STATE OF Indiana
 COUNTY OF Lake SS: 315-72-4635
 Subscribed and sworn or attested to before me, this 10th day of October, 19 2000
Louise P Carter - APPEARED

Notary Public
JERRY MANSBRIDGE
 My Notarial Commission Expires: 04-01-2001
 My County of Residence: Lake Ind
46407

I, _____ Recorder of _____
 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:

10.00
E.P.
CS