

2003 042945

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 APR 29 PM 12: 24

MORRIS W. CARTER
RECORDER



**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)**

State Form 30353 (R9 / 10-00)
State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

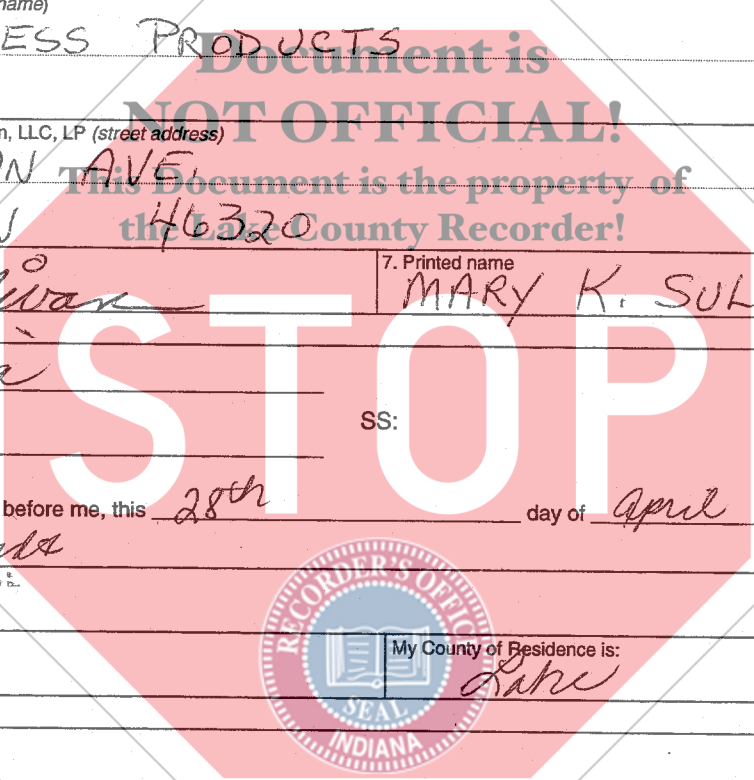
1. This certificate must also be recorded in the office of County Recorder of each county in which a place of business or office is located.
2. FEES ARE PER ASSUMED NAME. Please make check or money order payable to: Indiana Secretary of State.
Please TYPE or PRINT.

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

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00

1. Name of Corporation, LLC or LP LEAHY & SULLIVAN, INC.	2. Date of incorporation / admission 2/13/1995
3. Address at which the Corporation, LLC, LP will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 5213 HOHMAN AVE. City, state and ZIP code HAMMOND, IN 46320	
4. Assumed business name(s) (\$30.00 per name) BASIC BUSINESS PRODUCTS	
5. Principal office address of the Corporation, LLC, LP (street address) 5213 HOHMAN AVE. City, state and ZIP code HAMMOND, IN 46320	
6. Signature <i>Mary K. Sullivan</i>	7. Printed name MARY K. SULLIVAN



STATE OF <u>Indiana</u>	SS:
COUNTY OF <u>Lake</u>	
Subscribed and sworn or attested to before me, this <u>28th</u> day of <u>April</u> , 20 <u>03</u>	
<i>Sharon Schumaker</i> Notary Public My Commission Expires: <u>July 19, 2007</u>	
My Notarial Commission Expires:	My County of Residence is: <u>Lake</u>

This instrument was prepared by:

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M.T.
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