



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

State Form 30353 (R11 / 1-03)

State Board of Accounts Approved 2002

2003 115578

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

INSTRUCTIONS:

Use an 8 1/2" x 11" sheet of white paper for attachments.
Present original and one (1) copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE:

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

1. Name of entity Becker CPA Review Corp	2. Date of incorporation / admission / organization 1-27-00
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) Twin Towers, South Tower, Suite 609, 1000 East 80th Place	
City, state and ZIP code Merrillville, IN 46410	
4. Assumed business name(s) Stalla Review for the CFA Exam	
5. Principal office address of the entity (street address) One Tower Lane, City, state and ZIP code Oakbrook Terrace, IL 60181	
6. Signature of officer or other authorized party <i>Thauling Caban, Secretary</i>	7. Printed name and title Thauling Caban, Secretary
This instrument was prepared by: Debi Rouse	

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