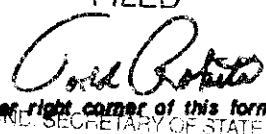




CERTIFICATE OF ASSUMED BUSINESS NAME
(All Entities)
 State Form 30339 (R11 / 1-03)
 State Board of Accounts Approved 2002

TODD ROEHA
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 202 W. Washington St., Rm. 8018
 Indianapolis, IN 46204
 Telephone: (317) 232-6578


APPROVED
 AND
 FILED

 T. ROEHA
 SECRETARY OF STATE

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.

FLING FEES PER CERTIFICATE:

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

1. Name of entity Underground Enterprises, Inc.		2. Date of incorporation / admission / organization	
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) 2109 Southlake Mall, #156			
City, state and ZIP code Merrillville, IN 46410			
4. Assumed business name(s) LCQ Clothing Company			
5. Principal office address of the entity (street address) 2109 Southlake Mall, #156			
City, state and ZIP code Merrillville, IN 46410			
6. Signature of officer or other authorized party 		7. Printed name and title Kenneth Coffey Vice President	
This instrument was prepared by: Nick Visnyak Corporate Creations Network, Inc.			



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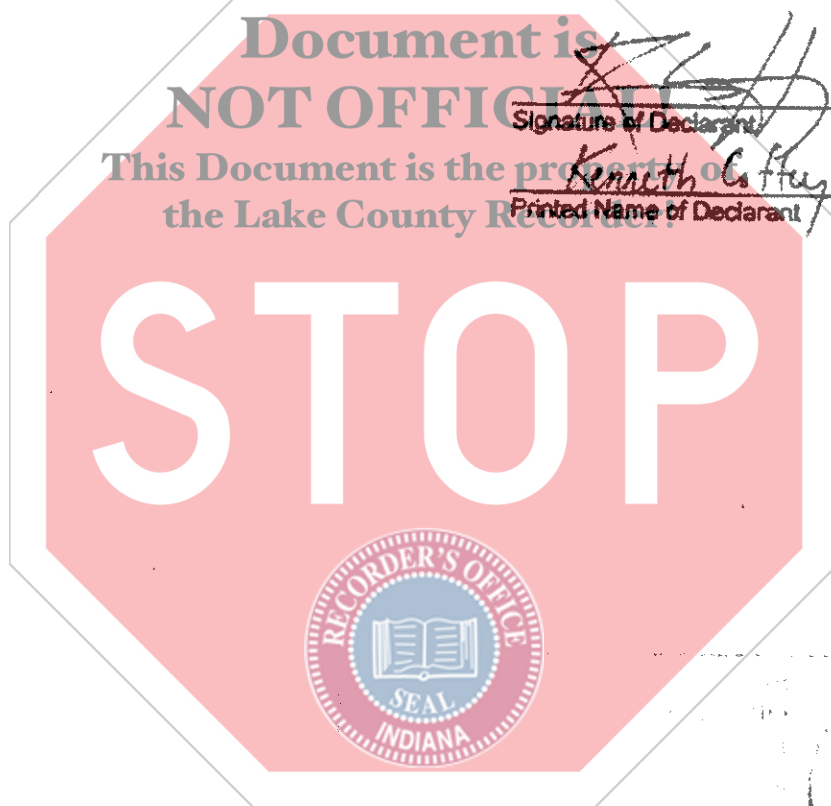
Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.



I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



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	State of Indiana
	Office of the Secretary of State
	I hereby certify that this is a true and complete copy of the <u>10</u> page document filed in this office.
	Dated <u>2/10/06</u>
	By: <u>April Frankh</u>
Secretary of State	This stamp replaces our previous certification stamp.