## certificate of assumed business name (Ali Entities)

State Form 30353 (R11 / 1-03)

State Board of Accounts Approved 2002

todd rokita secretary of state corporations division 302 W. Washington St., Rm. E018 Indianapolis, IN 46204 Telephone: 317-232-6578

Instructions:  Use an 8 1/2" x 11" sheet of white paper for attachmen Present original and one (1) copy to address 1 huger Please TYPE or PRINT.		FILING FEES PER CERTIFICATE: For-Profit Corporation, Limited Liability Company, form. Limited Partnership S	
Please visit our office on the web at www.sbslin.gov.	2	30.00 Not-for-Profit Corporation	N .
Cost G	OF STATE	26.00	00
1. Name of entity  Circle Pontiac - GMC Truck, Inc.	OF SIMIL	2. Date of incorporation/admissi 10/31/2000	on/organization *
Address at which the entity will do business or have an offi     1300 US HWY 41	ice in Indiana. If no office in Ind	liana, then state current registered address (str	eet address)
City, state and ZIP Code SCHERERVILLE, IN 46375			, 77.4
Assumed business name(s)     Circle Pontiac GMC Mitsubishi			2006 JAN
			LA SEG
5. Principal office address of the entity (street address) 1300 US HWY 41	ocumen Coffic	t is	MO- N.
City, state and ZIP Code SCHERERVILLE, IN 46375 Octu	nent is the County R	property of ecorder!	B 24 A
6. Signature of officer of other authorized party		7. Printed name and title Wayne Druktenis, Preside	1 9: 52 5 5: 52
This instrument see prepared by: Mark R Nelson, Stewart & Irwin, P.C	c., 251 E. Delaware	St., Suite 1100, Indianapolis	, IN 46204.
STATE OF INDIANA ) SS:			
COUNTY OF MARION )	RURDER'S OF		
Subscribed and sworn to before me, a	Notary Public in a	nd for said County and State,	this
26 day of January, 2006.	EAL DIANA		
	signature  SHARONI printed		ary Public
My Commission Expires:	County of Resid	ence <u>LAKE</u>	13 <sub>p</sub>
6-28-07			امان
			50061

Prescribed by the State Board of Accounts (2005)

County form 170

## 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 herby affirm under the penalties of perjury: unty Recorder!

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

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

Signature of Declarant

Printed Name of Declarant