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

State Form 30353 (R14 / 4-12)
Approved by State Board of Accounts, 2002

MICHAEL PAJMAN
RECORDER

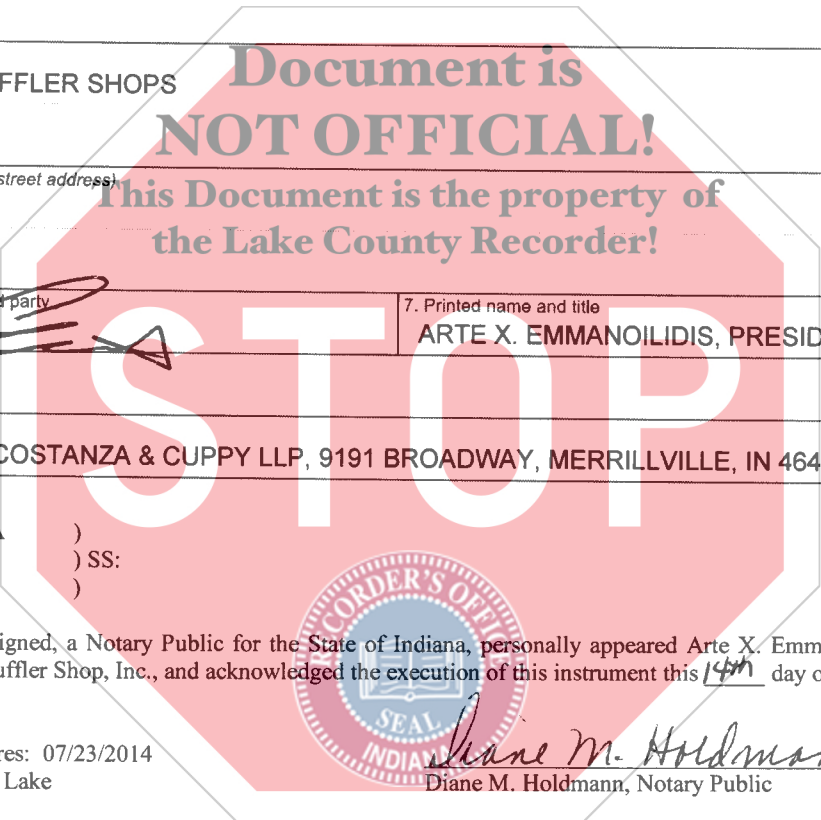
CONNIE LAWSON
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington Street, Room E018
Indianapolis, Indiana 46204
Telephone: (317) 232-6576

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 AMERICAN BRAKE & MUFFLER SHOP, INC.	2. Date of incorporation / admission / organization (month, day, year) DECEMBER 12, 1986
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) 3102 W. RIDGE RD. City, state and ZIP code GARY, IN 46408	
4. Assumed business name(s) AMERICAN BRAKE & MUFFLER SHOPS	
5. Principal office address of the entity (street address) 3102 W. RIDGE RD. City, state and ZIP code GARY, IN 46408	
6. Signature of officer or other authorized party 	7. Printed name and title ARTE X. EMMANOILIDIS, PRESIDENT

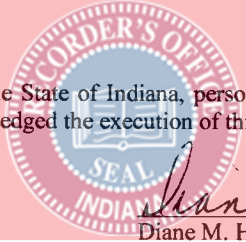


This instrument was prepared by:
TORY PRASCO, BURKE COSTANZA & CUPPY LLP, 9191 BROADWAY, MERRILLVILLE, IN 46410

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Arte X. Emmanoilidis, President of American Brake & Muffler Shop, Inc., and acknowledged the execution of this instrument this 14th day of June, 2012.

My Commission Expires: 07/23/2014
County of Residence: Lake



Diane M. Holdmann, Notary Public

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Victor H. Prasco

AMOUNT \$ 11.00
CASH _____ CHARGE _____
CHECK # 7524
OVERAGE _____
COPY _____
NON - COM _____
CLERK R.W.