CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



1. The assumed business name which the undersigned use(s) in the to business is: 5 HB PAMPA	ransaction of
2. The true name(s) and business address(es) of the entity or individual business under the assumed business name is/are: Complete Address	. , ,
	ess name is: and Public Utilities ance, and Real Estate
4. The name and address to which future Phone number (optional):	67-4477 CHANGE
Secretary of 700 West to 5. Name and address for this acknowledgment copy is (if other than # 4 above): Secretary of 700 West to 83 Basement PO Box 83	Business \$20.00 fee to: of State Jefferson West 3720 3720-0080
•	
rinted Name: MAMTIA MEASANT PRASANT D63	365

(see instruction # 8 on back of form)