

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF ASSUMED BUSINESS NAME

of

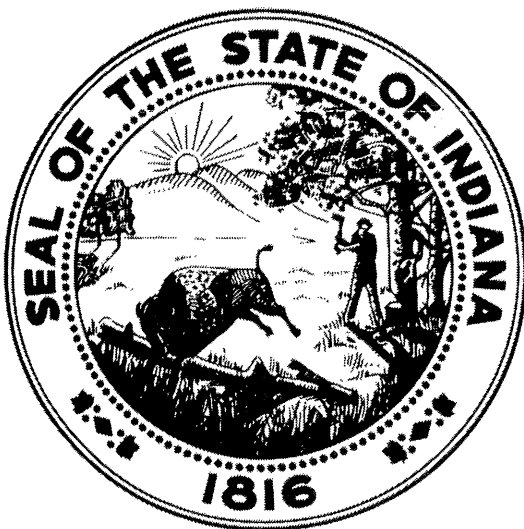
**NORTHEAST INDIANA REGIONAL MARKETING PARTNERSHIP, INC.**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

**NORTHEAST INDIANA REGIONAL PARTNERSHIP, INC.**

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, November 09, 2007.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 9, 2007.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA,  
SECRETARY OF STATE

APPROVED  
AND  
FILED

*Todd Rokita*  
TODD ROKITA  
SECRETARY OF STATE

INDIANA SECRETARY OF STATE  
RECEIVED

2007 NOV -9 AM 11:21



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

State Form 30353 (R12 / 10-06)

Approved by State Board of Accounts 2002

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](http://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 Northeast Indiana Regional Marketing Partnership, Inc.		2. Date of incorporation / admission / organization February 14, 1996	
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 ( <i>street address</i> ) 300 East Main Street, Suite 210			
City, state and ZIP code Fort Wayne, Indiana 46802			
4. Assumed business name(s) Northeast Indiana Regional Partnership, Inc.			
5. Principal office address of the entity ( <i>street address</i> ) 300 East Main Street, Suite 210			
City, state and ZIP code Fort Wayne, Indiana 46802			
6. Signature of officer or other authorized party <i>John R. Sampson</i>		7. Printed name and title John R. Sampson, President/CEO	
This instrument was prepared by: Timothy J. Haffner, Baker & Daniels, LLP, 111 East Wayne Street, Ste. 800, Fort Wayne, IN 46802 Atty. No. 8555-02			



\* 2 0 0 7 0 6 2 3 0 6 1 \*

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RECORDED ON  
11/09/2007 10:32:01AM  
JOHN MCGAULEY  
ALLEN COUNTY RECORDER  
FORT WAYNE, IN

REC FEE: 11.00

TRANS # 13638

TODD ROKITA  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
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This instrument was prepared by: Timothy J. Haffner, Baker & Daniels, LLP, 111 East Wayne Street, Ste. 800, Fort Wayne, IN 46802 Atty. No. 8555-02			

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.

\_\_\_\_\_  
John R. Sampson

B&D Box