

Edwin J. Simcox
Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46204
317-232-6576

*Basile & Jolley
8300 Innes St.
Merrillville*

769327

INSTRUCTIONS: 784543

Corporations Only

This certificate must first be recorded in the office of the County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State.

Fee for filing with the Secretary of State: \$20.00
or
\$26.00 (if a certificate issued by the Secretary of State is desired)

CERTIFICATE OF ASSUMED BUSINESS NAME

- Name of the Corporation SOUTHLAKE HYPNOSIS, INCORPORATED
- Date of Incorporation/Admission 02-11-81
- Principal Office Address of the Corporation 8300 Mississippi Street, Suite A
Merrillville, IN 46410
- Assumed Business Name SOUTHLAKE HYPNOSIS; SOUTHLAKE HYPNOSIS, INC.
- Address at which the Corporation will do business under the assumed business name 8300 Mississippi Street, Suite A, Merrillville, IN 46410

[Handwritten Signature]
(Written Signature of Officer)

President, Southlake Hypnosis, Incorporated
(Title of Officer)

RUSSELL D. YARNELL

(Printed Name of Officer)

STATE OF INDIANA
COUNTY OF LAKE

SS:

STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD
AUG 20 11 23 AM '84
WILLIAM WIELSKI JR
RECORDER

Subscribed and sworn or attested to before me, this 17th day of August, 19 84.

[Handwritten Signature]
Notary Public

STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD
DEC 14 2 44 PM '84
WILLIAM WIELSKI JR
RECORDER
NOTARY PUBLIC
MY COMMISSION EXPIRES JUN 30 1988
ISSUED IN INDIANA

My Notarial Commission Expires: _____

My County of Residence is: _____

I, _____, Recorder of _____ County, State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the _____ day of _____, 19 _____.

Recorder

*400
100*