

899026

Ret to: Bank One Merit
1000 E. 80th Pl
Merit - In. 46401

131599-86

CERTIFICATE OF PERSONS
OPERATING UNDER ASSUMED NAME

STATE OF INDIANA)
(SS:
COUNTY OF Lake)

THIS CERTIFIES that the Undersigned is conducting and
transacting business under the name of ANIMAL MEDICAL HOSPITAL, a
sole proprietorship;
that the principal office thereof is located at 3701 Central Ave.
Hobart, IN
and that the name and residence of each and every person engaged in
said business or having an interest therein is as follows, to-wit:

Selim S. Soliman
331 North Colorado St.
Hobart, IN

JAN 29 5 40 AM '86

STATE OF INDIANA
CLERK OF SUPERIOR COURT
FILED IN RECORDS

TICOR TITLE INSURANCE
Crown Point, Indiana

Richard J. Blackwell

WITNESS my/our hand(s) and seal(s) this fourth day of October
19 86.

Selim S. Soliman
Selim S. Soliman
10/4/86

STATE OF INDIANA)
(SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, on
this fourth day of October, 19 86, personally appeared
Selim S. Soliman

WITNESS my hand and official seal.

My Commission Expires:
March 24, 1989
Resident of Lake County

Josephine J. ...
Notary Public

This Instrument Prepared By: Selim S. Soliman

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